Student Self-Assessment and Faculty Assessment of Performance in an Interprofessional Error Disclosure Simulation Training Program

Category
Interactive Poster

Theme
Education

Background/Rationale: Training in medical error disclosure is needed to create a safety culture and build trust. A variety of methods have been used to teach error disclosure which often involve only single health professions. There has been limited training in dental medicine, nursing and pharmacy education. The need for enhanced assessment of these experiences and metacognitive skills is also noted. The objectives of this research are to conduct a prospective evaluation to determine the effectiveness of an error disclosure assessment tool in combination with review of video recordings to enhance student learning and metacognitive skills while also assessing the Interprofessional Education Collaborative (IPEC) core competencies.

Methods: The instruments for assessing performance in interprofessional error disclosure were developed by reviewing the key steps in error disclosure and video recordings from the previous simulation training. Assessment categories included planning (6 items), communication (5 items), process (7 items), and team dynamics (8 items). Student self-assessment of these categories before and after viewing the recordings of their encounters were obtained. Faculty used a similar instrument to conduct real-time assessments of communication, process, and team dynamics. An instrument to assess achievement of the IPEC core competencies (15 items) was adapted from validated tools. Qualitative data was also reviewed to determine student and faculty perceptions of the interprofessional error disclosure simulation. Four research questions are addressed using data generated: 1) are there differences between pre-video and post-video student self-assessment scores for the four major categories of error disclosure?; 2) do professions and family members’ affects have an effect on the self-assessment scores pre-video and post-video?; 3) are there differences in self-assessment scores for pre-video and post-video depending on the family members’ affect?; and 4) are there differences between pre-video and post-video student self-assessment scores versus faculty real-time assessment for communication, process and team dynamics?

Results: The interprofessional simulation training involved a total of 233 students (50 dental, 109 nursing and 74 pharmacy). Use of video recordings made a significant difference in student self-assessment for communication and process categories of error disclosure. No differences in student self-assessments were noted among the different professions. There were differences among the family member affects for planning and communication for both pre-video and post-video data. There were significant differences between student self-assessment and faculty assessment for all paired comparisons, except communication in student post-video self-assessment. Post-video student assessments were closer to the faculty assessment of error disclosure skills. Students and faculty perceived similar areas that went well and areas for improvement.

Conclusion: The use of assessment instruments and video recordings may have enhanced students’
metacognitive skills for assessing performance in interprofessional error disclosure. The simulation training was effective in enhancing perceptions on achievement of IPEC core competencies. The more robust assessment process appeared to enhance learning about the skills needed for interprofessional error disclosure. Students’ perceptions of achievement of the IPEC core competencies were positive after completing an interprofessional error disclosure simulation.

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Abstract Number: 013

Abstract Name: *First Step to Onboarding: Benchmarking Interprofessional Collaboration (IPC) as a Standard of Practice for Health Professions at University Health Network (UHN)*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**
At the University Health Network (UHN), caring safely is at the center of priority for all health professionals. One way this priority of caring safely is achieved is through an interprofessional forum of education which was designed for all staff as the first step to onboarding and thus providing an opportunity for interprofessional collaboration (IPC) in practice. It is envisioned that through this interprofessional education and thus collaboration in practice that UHN’s environment will have a standardized platform through which disciplines can understand, describe, and implement interprofessional team based practices to support optimal health outcomes of patients.

UHN vision strives toward better understanding the interprofessional connections that exist with the help of the IPC model of care and takes pride in supporting practice in an interprofessional context. The New Employee Onboarding (NEO) education program at UHN therefore was re-designed as impetus for responding to inconsistencies identified between the platforms of educational principles available to students entering the organization for practical placement and current resources and practices available at point of care to staff. To facilitate a consistent approach to best practice with the goal of supporting transitions from interprofessional education and collaboration for all new UHN staff, an introductory interprofessional Collaboration workshop was developed.

To date, more than 500 new staff across professions over the last 19 months have attended the interprofessional collaboration workshop and every month this opportunity is presented to more than 14 professions, across various sites, programs and practice areas as first step to onboarding to UHN. The objectives of the session include:

1. To provide context and introduce a model of collaborative practice as a foundation fundamental to UHN practice settings

2. To foster an IPC culture through collaborative integrated interactions and demonstrate the impact of collaboration to the UHN environment

3. To introduce a transparent journey as an opportunity for life-long learning in relation to a culture of interprofessional education/practice

In this presentation, the presenters want to highlight the robust curriculum that has been created and share education modalities and principles that are used to create an inclusive practice at UHN. This
presentation is also an opportunity to highlight to colleagues in the global interprofessional community on how UHN introduces staff to the IPC community of practice as a health professional and continues to build capacity. This presentation further will highlight how UHN enhances role clarity and promotes full scope of practice for all staff entering the organization. Staff further have the opportunity to learn about future possibilities that exist as they explore career pathways and learn to understand how they can become involved in the community of inclusive and collaborative practice. Lastly, through this workshop the presenters are able to enlighten staff around strategic plans from an organizational standpoint and are able to shift cultures, break down barriers and promote an environment of collaboration, ultimately contributing to staff satisfaction and retention and the most important quality and safe patient care.

Presenters
Monika Keri
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Miranda Hadzic
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Authors
Anthony Ng - Practice Lead- Dietician Angela McGauley - Practice Lead- Respiratory Therapy
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Abstract Name: *First Steps Towards a Culture of Interprofessional Collaborative Practice – Experiences of An Asian Institution*

**Category**
Interactive Poster

**Theme**
Leadership

**Presentation Description**

**Background/Rationale**
Trends in healthcare have made interprofessional collaborative practice (IPCP) essential for effective and efficient treatment of the patient. In order to achieve IPCP, a solid foundation of interprofessional education (IPE) is necessary. While there has been a steady increase in high-quality IPCP and IPE research, transferability of this research remains an issue. Contextual and cultural differences may result in local failure of an IPE programme that has been successful elsewhere. As such, it is important to study IPCP and IPE in as many contextually and culturally different instances as possible. Unfortunately, much of the IPCP and IPE research has been concentrated in the American, European and Australian continents. Within Asia, research and practice of IPCP and IPE exist only as isolated, poorly coordinated pockets. On this background, we aim to contribute to this paucity in research by describing our experiences with initiating a culture of IPCP within our institution, an 830-bed hospital providing tertiary health services to women and children in Singapore and around the region.

**Method/Methodology**
Three IPE interventions were carried out over a 1-year duration, all involving students, doctors, nurses, pharmacists and allied health professionals. The Canadian Interprofessional Health Collaborative (CIHC) Interprofessional Competency Framework was used as a guide for these interventions, with a predominant focus on exposure to IPE. The first IPE intervention was a single-day workshop around the theme of paediatric asthma management. During this workshop, interprofessional groups were formed and participated in identifying and discussing interprofessional competencies that were important for the team to manage the patient more effectively. The second and third IPE interventions were single-day forums around the theme of venous thrombosis and gynaecological cancers respectively. The Readiness for Interprofessional Learning Scale (RIPLS) was administered after every IPE intervention, along with opportunities for participants to provide qualitative feedback about the interventions. In addition, participant behaviour during these interventions were observed by an independent researcher.

**Results/Outcomes**
The interprofessional outcomes were analysed against the Kirkpatrick evaluation model. Participants enjoyed the learning experience, and were keen to have more IPE activities (Level 1). Participants and even some facilitators were initially unfamiliar with the concepts of IPCP and IPE. At the end of the
interventions, there was an increase in the readiness for, and understanding of interprofessional learning (Level 2). An paediatric asthma care pathway is currently being developed as a direct result of the IPE intervention (Level 4).

Conclusions
The results for our first steps towards a culture of IPCP have been optimistic. Additional IPE interventions have been planned for the following year and higher-level outcomes such as behavioural change and changes in organisational practice will be measured. Although cultural differences resulting in barriers to implementation of IPE have not surfaced, we note that these issues may only become evident during a later stage of IPE competency development. As such, further research into this area needs to be carried out, in order to anticipate and address these issues early.

Presenters
Oh Moh Chay
KK Women's and Children Hospital
Derrick Lian Lian
KK Women's and Children's Hospital

Authors
Abstract Name: Promoting Integrated Primary Care through Interprofessional Education

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Rationale:
Building a workforce prepared for interprofessional collaborative practice is essential to meet the demands of the changing health care system in the United States. Factors driving change include a focus on patient safety, quality improvement, coordination of care, and managing rising health care costs.

Method/Methodology:
The Interprofessional Seminar on Integrated Primary Care (IS-IPC) is a newly created educational resource designed to facilitate the development of classroom-based educational experiences for an interprofessional group of learners based on the competencies required to work together in a successful and integrated healthcare team. This seminar is a unique resource focused on learners who are early in their education (pre-clinical) and emphasizes discussion-based activities. This presentation will familiarize participants with this new competency based, best practice resource for preparing interprofessional learners to become successful team members.

Results/Outcomes:
This curriculum includes eight content modules, steps to build a successful interprofessional seminar, and solutions to the inevitable challenges. The curriculum is designed to be co-lead by faculty from any healthcare profession. This presentation will familiarize participants with the content covered in the curriculum and ways each content module might be implemented in the classroom. Topics addressed in the classroom modules include an introduction to interprofessional education and healthcare, primary care, population health, ethics, leadership, quality improvement, healthcare financing, and health policy and advocacy. Each module provides a structure for presentation of didactic materials, learning outcomes, suggested classroom activities, references and resources, and suggested assessment approaches to measure learning outcomes. These modules are not prescriptive but designed to support local educators in building their own seminar based on topics and resources provided and then adapted to local pedagogy and learning outcomes. Each module, recognizes and infuses discussion and mastery of the concepts of diversity at the individual and societal levels as well as across individual professionals, between professions and their cultures, and within and across the diverse cultures of healthcare organizations. Discussion of overcoming inevitable challenges and barriers to interprofessional education is also part of the curriculum.

Conclusions:
The goal of the development of this curriculum, and of this presentation is to encourage more educators to develop partnerships across professions in order to initiate such a classroom-based educational opportunity while building an interprofessional team of educators at the local level.

Presenters

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Authors

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Ronald Rozensky
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Bruce Rybarczyk
Virginia Commonwealth University
Abstract Number: 029

Abstract Name: Evaluation Dashboard: Facilitating IPE and Evaluation Data Collection

Category
Oral Presentation

Theme
Practice

Presentation Description

Background: Two interprofessional academic-practice partnerships were formed between a mid-western university’s College of Nursing and Health Professions, three Veteran’s Administration Outpatient Clinics and three university Community Health Centers. This interprofessional collaborative project addressed the chronic health needs and preventive care of veterans and underserved patients. The project goals were twofold: 1) to address the chronic health and preventive care needs of veterans and medically underserved patients living in culturally diverse, socio-economically disadvantaged, and medically underserved neighborhoods and 2) to broaden students’ interprofessional educational clinical experiences. In order to systematically evaluate patient and student outcome data, a structured and practical evaluation template was developed.

Methodology: The success of any interprofessional evaluation plan depends upon clearly identifying what needs to be evaluated, methods for evaluation, evaluation frequency, and the team member’s roles in data collection. Kirkpatrick’s Expanded Outcomes Typology, designed to evaluate interprofessional initiatives, guided the development of the Interprofessional Evaluation Dashboards (Institute of Medicine, 2015). The goals of the interprofessional academic-practice partnerships, focusing on patient and student outcomes, mirrored the levels of Kirkpatrick’s model. To measure student attitudes, perceptions, and behaviors related to interprofessional education (IPE) the Collaborative Practice Assessment Tool (CPAT), TeamSTEPPS® Teamwork Attitudes Questionnaire (T-TAQ), and the TeamSTEPPS® Performance Observation Tool (T-POT) were utilized. Student data was also gathered from the demographic form and focus group discussion. Specific patient data was gathered using the patient demographic form, PROMIS Global Health 10, Consumer Assessment of Healthcare Providers and Systems (CAHPS), Patient Health Questionnaire 9 (PHQ-9) and data stemming from the Health Effectiveness Data and Information Set (HEDIS). Due to the number of interprofessional student teams, outpatient clinic sites, forms and surveys used, two Interprofessional Evaluation Dashboards were created. These dashboards provided the interprofessional teams a working template that clearly delineated project tasks, timing of tasks, and individuals responsible for task completion. The “Project Task” component not only addressed the forms and surveys but also included key information such as patient selection criteria and informed consent. The “When Task Will Occur” component gave specific time parameters for each project task. The “Individuals Responsible for Task” component outlined the team member(s) charged with completing the specific project task.

Outcomes: The dashboards offered clarity for all team members that resulted in less frustration and more energy to be actively engaged in the IPE experience while ensuring thorough data collection. This
streamlined process led to a reduction in missing data, facilitated team planning, and improved communication between the interprofessional student teams and the faculty-led evaluation team.

Conclusions: Single-page Interprofessional Evaluation Dashboards provide the necessary structure for evaluation of academic-practice projects led by a variety of disciplines. These dashboards are succinct and readily adaptable to a variety of project tasks, tools, surveys, forms, and healthcare settings and can be used by any interprofessional healthcare team member. As a living document, the dashboard can be easily modified to accommodate new tasks, methods of data collection, role changes, and populations. These dashboards serve as a model to promote data collection and evaluation outcomes supporting interprofessional care delivery.

Presenters
Ryan Butler
University of Southern Indiana
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University of Southern Indiana

Authors
Abstract Name: THE ESSENTIAL ROLE OF THE ACADEMIC-PRACTICE PARTNERSHIP IN INTERPROFESSIONAL CLINICAL EDUCATION

Presentation Description

Background. Strong academic-practice partnerships are essential to translating the concepts of IPE to interprofessional practice (IPP). Historically, the Massachusetts General Hospital has provided discipline-specific clinical experiences for nursing, occupational and physical therapy, physician assistant and speech-language pathology students from the MGH Institute of Health Professions. We have developed an important mutual commitment to our interprofessional missions through cooperative efforts that translate to academic and clinical activities with students and staff. In this symposium we will describe our journey over the past six years to provide a collaborative framework that has fostered both IPE and IPP at both institutions.

Evidence. One program has been the development of Interprofessional Dedicated Education Units (IPDEUs) on three inpatient units of the hospital, to create an interprofessional student clinical experience that has also increased the interprofessional focus of practice. In these units, hospital staff from the five disciplines supervise interprofessional dyads of students as they work with their patients, to build an understanding of the IPEC competencies. A collaborative steering committee, comprised of nursing and therapy directors from the hospital and deans and faculty from the academic programs, has worked collaboratively to address several challenges, including faculty development as interprofessional instructors, productivity and cost issues, curriculum integration and scheduling, and scalability to accommodate large numbers of students. Recently, we have also partnered with Harvard Medical School to bring medical students into the program. By working together on this initiative, we have been able to demonstrate marked changes in student attitudes and staff contributions to IPP. We have realized a transformation into an exemplary interprofessional team, fully appreciating each other’s values, limitations, and contributions to the academic programs and clinical practice.

Implications. In this symposium, we will apply the IPDEU experience as an exemplar to illustrate the process and strategies we have used to build a collaborative framework, sharing professional cultures relative to workload, educational priorities and norms, terminology, accreditation and regulatory standards, and resource allocation. Through an essential commitment of leaders at both institutions, IPE has become an investment that has resulted in a mutually beneficial program to better prepare students and clinical staff to bring a stronger professional identity to their practice. A panel presentation will describe our strategies for addressing challenges from the academic and clinical perspectives. Clinical and academic leadership, faculty and staff will share their experiences, demonstrating how we have continued to evolve our collaborative efforts. Following the presentation, participants will work in small groups to discuss potential challenges and solutions for strengthening academic-practice partnerships in their own
settings. The larger group will then generate ideas to accommodate interprofessional education across institutions.

Participants will be able to return to their academic or clinical settings with suggestions for creating stronger academic-practice partnerships and collaborative interprofessional cultures. This presentation is intended for clinicians, academic and clinical faculty or administrators who are interested in building partnerships to support interprofessional educational experiences. It will be most beneficial for teams from both academic and clinical settings who want to strengthen their collaborative relationships.

Presenters
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MGH Institute of Health Professions
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Authors
Recent and proposed changes in health care delivery necessitate interprofessional collaborative practice to improve healthcare access, safety and quality. Concurrently, there is a substantial increase in implementing technology to effectively manage and optimize the health of individuals with multiple chronic conditions, especially those living in rural communities. In 2013, the University of Utah College of Nursing was awarded a 3-year training grant to address these initiatives. The primary goal was to develop an interprofessional educational program to alleviate the disparities in health care access for residents of rural regions of Utah who lack appropriate and necessary health care providers and services.

The overarching goal was to promote and facilitate interprofessional collaboration and clinical teamwork among graduate students representing diverse health professions through an innovative education model. The design and implementation of this model was embedded in current health science curricula in which students from a variety of disciplines (nursing, medicine pharmacy, social work, nutrition, wellness coaching, etc.) participated in a structured and shared experience of resolving clinical issues encountered in the care of complex patients in rural communities. General aims were three-fold: (1) introduce students to best practices of telemedicine, (2) promote an understanding of interprofessional practice competencies through tele-video conferencing (TVC) and, (3) relating their experience to explore ways to improve the health care of rural patients who lack specialty medical and allied healthcare services through the implementation of telemedicine technology.

The educational model included a series of self-paced interactive online modules followed by a simulation exercise where students attend using secure TVC software. The modules evolved into a credit bearing course that was integrated in an existing Interprofessional Education Program. The first three modules introduced key aspects of telemedicine standards applicable to clinical settings, interprofessional practice competencies, and healthcare needs of patients living in rural communities. A pre- and post-survey for each module assessed student knowledge of the content provided. A fourth module contained a patient chart, student schedule, timeline, provider scripts and log-in instructions. The simulation sessions had teams of students collaborating with each other, providing consultation/recommendations for a patient with multiple chronic conditions. Best practices of simulation and debriefing were implemented to promote successful student experiences and outcomes. To date, over 200 students have participated with another 200 planned for the current academic year. Student’s attitudes and beliefs towards interprofessional practice and use of telemedicine technology were collected via survey instruments prior to and at the completion of the course. The survey data indicated an overwhelmingly positive response.
and confirmed that an interactive online module followed by a simulated telemedicine scenario was an effective learning strategy. Students were able to increase their understanding of interprofessional roles and acknowledge the unique contributions of various disciplines in managing patients with multiple chronic diseases. Several students suggested that the course be offered to all health sciences students and saw the value of using telemedicine technology in future practice, whether they practiced in rural or urban settings, caring for diverse populations.

Presenters
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Susan Hall
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Authors
Abstract Number: 037

Abstract Name: *Interprofessional Competency Across Schools of Health and Human Service; is it really about scheduling?*

**Category**
Interactive Poster

**Theme**
Leadership

**Presentation Description**

Presentation Description;
After 2008, the provincial government in Ontario announced to Colleges, Universities and healthcare organizations, there would no longer be funding available to sustain IPE/IPC, however, the expectation was to continue the momentum in order to prepare students and healthcare for the new way of working.

The presentation will share how a Dean responsible for a number of schools and over 1200 students from accredited and regulated programs could maintain and lead the College to surpass its goals related to IPE integration into curriculum, practice and community engagement, despite a lack of funding.

The presentation will focus on;

- A parallel engagement between senior executives, board members, and faculty requires champions….not you!
- The right mix of mandated training, and electives…. That’s why you get the big bucks when the resistance begins.
- How as a leader, the integration of the competencies is essential in your leadership…. Walking the talk.
- How to walk around resistance and still thrive…opportunity strikes
- How do your stakeholders help..........or not
- Money does talk
- Surprises related to scheduling......who knew
- How it all comes together

The presentation will summarize the key strategies, our College utilized, to integrate competencies into practice using the continuum of exposure to immersion as a guide in IPE labs, debriefings, curriculum, community placements, simulation and applied research initiatives. It will also reveal how the integration of IPE/IPC has led to the building of a new Academic Health Center with Student Run Clinics, Indigenous designated space, applied research as well as the integration of a senior retirement facility. Without buy in from the senior team, the board, faculty and students, our proposal for a new building would have been just another capital request. We will be establishing a model of student education/engagement using real life learning that garners existing resources and one that can be replicated across the country. That’s what we promised!

**Presenters**
Lisa McCool-Philbin
Abstract Number: 038

Abstract Name: *Building a Framework for Interprofessional Education*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background**
To meet the demands of collaborative practice, future health professionals must be educated in a manner that enables them, upon graduation, to have the beginning knowledge and confidence to practice competently as members of interprofessional teams. As per the Accreditation of Interprofessional Health Education (AIPHE 2011) Standards Guide, the complexity of effective and sustainable interprofessional education demands five levels of commitment; from the organization, the educational program, students, faculty, and resources.

The University of Saskatchewan offers a wide range of health sciences programs, including six health sciences colleges (Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, Veterinary Medicine) and two schools (Physical Therapy, Public Health). The College of Nursing, one of the largest undergraduate health professional colleges, launched a new BSN program in 2011 that identified interprofessional education (IPE) as one of 8 underlying principles of the curriculum. To articulate this commitment more clearly, the College developed an IPE Framework that utilized the five levels of commitment identified by the Accreditation of Interprofessional Health Education Standards Guide. This presentation will provide an overview of the multifactorial processes related to the development and implementation of the Interprofessional Education Framework (IPE FW), the strengths and challenges of implementation, and steps forward.

**Method**
The IPE FW was developed through the work of an IPE sub-committee of the BSN Undergraduate Education Committee. This work included a review of the literature, an on-line survey of faculty and staff (Racine, Bilinski & Spriggs, 2016), and focus group interviews with the College of Nursing Leadership Team, staff, faculty, and students. As the commitment to IPE in the BSN curriculum was well established, the Framework focused on the development of goals within the five levels of commitment (i.e. organization, educational program, students, faculty, and resources). The Structural Tension Model (Fritz, 2011), which is designed to articulate current reality, desired states, and strategies for success was utilized in creating a more in depth plan in each of the five levels of commitment.

**Results**
The IPE FW was completed in 2015. The development of the framework provided a rich opportunity to demonstrate the College and faculty’s commitment to interprofessional education and the numerous activities that are occurring across the curriculum. In addition, the process of identifying the current and desired states in each of the five levels enabled the development of 26 specific strategies that built on the strengths and addressed the gaps within the College and University. Strategies and timelines were developed for each of the 5 levels of commitment.

**Conclusions**
A College of Nursing IPE Framework was developed to support the implementation of IPE in the new
curriculum. Utilizing the Accreditation of Interprofessional Health Education Standards Guide was useful in creating a comprehensive understanding and in building a broad approach for the implementation of IPE. The Structural Tension Model was effective in articulating our past and future practices. The framework has also provided a foundation for future goals, identification of barriers, and a method of communicating our commitment to IPE.

Presenters

Hope Bilinski
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Abstract Number: 039

Abstract Name: *Interprofessional team experience: Student reflection on transformation*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**
Assessment of interprofessional learning can be challenge. Did a given experience have an impact? Did it add to a student’s knowledge, influence attitudes, or foster positive behavioral change? Educators have used tests to determine knowledge gained, survey or similar instruments to evaluate attitudes and perceptions, and observational tools to assess behaviors.

This poster describes the use of a focused reflective exercise as an assessment tool to evaluate the impact of an interprofessional educational experience. Kolb (1984) identifies reflection as being an essential element of learning; when a student reviews and reflects on the personal impact of an experience, it serves to solidify the learning and foster behavior and attitude change.

A student team worked with a registered Pharmacist and healthcare professionals to provide care using an integrated primary care/behavioral health model at primary care and behavioral health sites. The teams consisted of Master of Science in Nursing (MSN) nurse practitioner students in the Family Nurse Practitioner (FNP), Psychiatric/Mental Health Nurse Practitioner (PHMHP) and Adult Gerontology Primary Care Nurse Practitioner (ACPNP) specialties along with Master’s level Social Work (MSW) students. At the close of this clinical experience, the students completed a 5-part reflective exercise paper requiring a review and response regarding interprofessional collaboration, the role of other professions on the team, the impact of such care on patients and the system, and how they think this experience will impact their future work. The results will be examined via qualitative analysis and compared to quantitative data gathered concurrently for this project: assessment of changes in attitudes/perceptions, team behaviors and competencies and knowledge regarding integrated primary and behavioral health care.

This poster will report on 1) the initial findings from the use of this exercise, 2) review how these results are used to shape future educational experiences and 3) discuss how this interprofessional activity broadened/enhanced student learning and can serve to impact future practice.

**Presenters**
Kathy Riedford
University of Southern Indiana
Elizabeth Kalb
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Chen Chen
Authors
Abstract Name: *Breaking the wall of practice: why Interprofessional Education is not enough. Regulation and collaborative practice*

**Category**
Symposia / Panel

**Theme**
Policy

**Presentation Description**

**Background**
Interprofessional practice (IPC) is recognized as essential to ensure efficiency and quality of care (Romanow R. [2002]). It has been widely studied in the last decade. Researchers have identified many factors influencing its efficiency, categorized as micro-level (interpersonal relations), meso-level (leadership at the healthcare unit) and macro-level (broad legislative level) (San Martín-Rodríguez et al. [2005], Bourgeault et Mulvale [2006]). The scientific literature present a robust body of knowledge created on the micro-level issues, especially education. Its strong and fertile scientific base allowed improvement in collaborative practice as shown by many authors (Bourgeault and Mulvale [2006], D’Amours et al [2005]). But globally, implementation progress of functioning teams is still slow, and the macro-level aspect of IPC could be the reason why.

**Evidence**
Every healthcare profession in the country is highly regulated by different norms issued by different stakeholders (Lahey and Currie [2005]). In fact, the care itself is a highly regulated action.

From the caregiver perspective, broad regulations, either from administrative decision-making bodies, professional regulatory bodies, unions or legislative bodies, even professional practice guides, are key factors that can both facilitate or limit efficient IPC. Rigidity of many legal or organizational structuralism allows important frictions between actors in the healthcare team setting, reducing the appeal of IPC (Lahey and Currie [2005], Laverdiere and Regis [2016], Dussault and Dubois [2009]).

From the healthcare user perspective, the overall variation of responsibility for the same profession across the country, secondary to different statutes, the opacity of team communication and composition (is the patient part of that team?) are sources of confusion and uneasiness (Deschamps [2016]).

**Significance**
This interdisciplinary panel want to foster discussion around the importance of addressing regulation issues in IPC. With their own approach, each panellist will shed different lights on the relationship between legal structure and efficient collaborative care. Each presenter will take 15 minutes to expose to the participant his or her view.

For the policy maker perspective, Professor Jean-François Roberge, University of Sherbrooke, will
present a novel approach of alternative dispute resolution on scope of practice overlap and Professor William Lahey, Schulich School of Law, will discuss the reality and experience of Nova Scotia regulation of health profession and its impact on IPC.

For the healthcare system user perspective, Professor Catherine Régis, University of Montreal, will discuss the place of the patient in interprofessional team from a legal point of view and Professor Audrey Ferron Parayre, University of Ottawa, will allow the participant to develop an understanding on health law effectivity in the context of IPC.

Finally, Dre Marie-Andrée Girard will present to the audience a unique viewpoint of law from the clinician eyes and her experiences in IPC across multiple clinical settings, including in great North of Quebec.

In conclusion, although education is an important part of the solution, it is time that we ensure that our efforts in IPE is not counteracted by our regulation structure.

Presenters

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Jean-François Roberge
Faculty of Law, University of Sherbrooke
Catherine Régis
Chair, Chaire de recherche en culture collaborative en droit et politiques de la santé, Faculty of Law, University of Montreal
Audrey Ferron Parayre
University of Ottawa
William Lahey
President and Vice-Chancellor, University of King's College

Authors
Abstract Number: 044

Abstract Name: Leadership Legacy: A Practical Application of Leadership Theory for Interprofessional Learners

Category
Oral Presentation

Theme
Leadership

Presentation Description
Interprofessional collaborative care has become a preferred model for patient-centered healthcare, and effective participation in interprofessional teams has emerged as a core expectation of all providers. Health care education programs must therefore prepare their graduates to participate in interprofessional teams and potentially serve as leaders. To date, little exists regarding educational interventions in this realm. In response to this, a cohort-based interprofessional leadership development program was created at University of Kentucky. Leadership Legacy is an interprofessional extracurricular enrichment opportunity designed to complement the formal curriculum by enhancing participants’ collaboration, leadership, and teamwork skills. This program is built on a foundation of leadership theory and specifically addresses four IPEC sub-competencies (TT5, CC4, CC5, VE4).

All Leadership Legacy activities are intended to help students develop leadership skills that will be transferable to the clinical setting with elements that include: a retreat that focuses on interprofessional team building and initial assessment of emotional intelligence, mentoring, negotiation skills, political advocacy, equine-assisted leadership, and community outreach. The legacy component of the program allows student participants from previous cohorts to apply newly developed leadership skills to recruit their fellow students as potential participants and assist with the planning and execution of the monthly activities.

Together the elements of Leadership Legacy, when viewed through the lens of leadership theory, provide an opportunity whereby interprofessional learners engage in activities designed to increase emotional intelligence and stimulate social change. These same activities also enable future practitioners to develop skills directly related to critical leadership competencies such as conflict management and resolution, effective communication, feedback agility, and project development, a need identified in the literature. As evidenced by the two-year evaluation data, course evaluations, and strong qualitative data, Leadership Legacy effectively addresses these critical leadership competencies that may otherwise be absent from health curricula and improves student attitudes towards interprofessional collaborative care. The continuation of this program will provide opportunities to contribute to the literature of educational interventions for leadership development among healthcare students.

Presenters
Madeline Aulisio
University of Kentucky
Erika Erlandson
Authors

Madeline Aulisio
University of Kentucky
Erika Erlandson
University of Kentucky
Leslie Woltenberg
University of Kentucky
Abstract Name: Using Telehealth Technology as a Practical Strategy to Implement and Enhance Interprofessional Case Study Simulations

Category
Oral Presentation

Theme
Education

Interprofessional education (IPE) encourages health professions students to learn together throughout their training with the goal of improving collaborative practice and optimizing patient outcomes. Working as an interprofessional healthcare team during the didactic portion of the curriculum means that students will be better prepared to deliver an integrated model of collaborative clinical care after entering practice. The Interprofessional Education Collaborative had a vision for interprofessional collaboration, and its expert panel published a comprehensive report on Core Competencies for Interprofessional Collaborative Practice that highlights the necessity for IPE in order to provide high quality, safe care to all patients. The Accreditation Council for Pharmacy Education (ACPE) Standards recognize the importance and value of IPE and mandate it occur with prescribers in pharmacy school curricula. There are reports of IPE being challenging for schools to implement. Some barriers to IPE include being a stand-alone school with no other professional health programs nearby, some faculty’s lack of perceived benefits of IPE, faculty expressing the need for increased training in delivering IPE, the lack of institutional support of IPE, the lack of cross-discipline curriculum structure and shared learning spaces, and scheduling conflicts among the different health professional programs. One practical way to overcome some of these challenges is to use a telehealth platform to bring students together. This would be especially helpful for schools who do not have academic medical center affiliations. This program will describe one school of pharmacy’s logistical approach to partnering, developing, and implementing interprofessional telehealth cases. Faculty from Creighton University met with faculty from Union College, a physician assistant school located 60 miles away. They discussed the feasibility partnering for simulated interprofessional telehealth case studies. Faculty compared the health topics covered by both groups of students, to determine what health conditions simulated patients would have in each case study. Cases were developed and reviewed by all faculty involved for students of multiple learner levels. Both groups of students and faculty met and were instructed on how to use the telehealth platform. Schedules were made and interprofessional teams of students joined “virtual rooms” with their patients. A faculty moderator gave the team a brief description of the patient’s problem. Students worked together and came up with a diagnosis and treatment plan, which faculty moderators assessed. This interprofessional case study simulation has been repeated several times. All student participants were asked to take a pre-and post-Team Skills Scale (TSS) survey. Students also provided faculty with reflections on their experiences. Pre- and post-TSS question scores were compared using paired student’s t-tests. There were statistically significant improvements for all independent TSS questions after the interprofessional case study activities. Overall total scores increased from 60.5 +/- 10.3 to 70.3 +/- 6.6, p<0.001. Student feedback and reflections were extremely positive. With new accreditation requirements, schools of pharmacy may find it challenging to develop efficient and effective ways to incorporate meaningful IPE
experiences into their curricula. This telehealth IPE case activity was easily integrated into an existing course and improved students’ perceptions of their abilities to provide collaborative care.

Presenters
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Union College Physician Assistant Program
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Abstract Name: Addressing Correlational Stereotypes through Student Interprofessional Education: An Example from Police Foundations and Youth Workers Programs.

Category
Oral Presentation

Theme
Education

Presentation Description

It is identified in IPE/IPC literature that stereotypes can impact how students and professionals interact with each other (Sytsma et al., 2015). Much of the literature has discussed how traditional programs in health care have built curriculum to help future graduates learn about stereotypes and create collaborative approaches to care. (Brewer, Flavell, Trede, & Smith, 2016).

The Toronto Police have a Unit dedicated to investigating youth related issues. Officers in this Unit are sometimes mandated to work in partnership from Child and Youth Care (CYC). These partners jointly investigate, for example, matters where youth under 16 years of age are impacted by inter-familial criminal behaviour. Despite the fact that both parties are dealing with the same problem, they may view things differently given the respective lenses of their individual occupations and personal experiences (Sytsma et al., 2015). It becomes problematic if the two disciplines do not appreciate each other’s roles, conclusions or methods. The authors wanted to explore the possibility of addressing this issue at the student level by developing an IPE component in their Police Foundations and CYC programs. Despite it being unconventional to have students in these two programs interact with each other they were successful in integrating the IPE component into the curriculum with impressive results.

Having stakeholder input was key in the design of the program and determining the means of assessment. Both Professors represented the stakeholder input having had extensive experience working in their respective fields of policing and Youth Work. To describe the project using the terminology of a Logic Model, as shown below, allows us to see how well it also integrates all of the levels of Bloom’s Taxonomy.

Resources, What we Invest.
Two Professors no additional staffing costs.
Hiring live actors for the simulations and iPads for recording scenarios.
Ability to playback recorded videos.
(Bloom’s: Remember and Understand).

Activities, What we do.
Pre-event in class training re conflict management responses.
Ice breaker and introductory class with Professor led demonstration.
Group assignments.
9 – 12 class hours.
(Bloom’s: Understand and Apply).

Outputs, Who we reach & how many.
Students role play and view each other’s video work.
Live actors and Professors provide feedback and facilitate reflection. Students reflect and comment on their own performances.
(Bloom’s: Analyze).

Outcomes, How we affect outputs.
Attitudinal changes are captured in the group feedback sessions and student post reflection papers.
(Bloom’s: Evaluation).

LT Outcomes, How we affect the broader community.
It is expected that these students will now upon entering their chosen professions approach colleagues and situations with a more open mind and ability to work cooperatively.
(Bloom’s: Evaluation and Creation).

The presentation will take the form of an oral presentation with visual and interactive aids. The presenters will make use of Power Point, online tools like "My simple slide show" and "Kahoot". There will be opportunity for feedback and audience assessment. Material describing the effectiveness of new collaborative leadership programs will be discussed. (Careau E, 2009 - 2010) Testimonial videos from former program participants will also be utilized.

Presenters
Philip Semple
Centennial College
Colleen Kamps
Centennial College

Authors
Abstract Name: Video conferencing versus face-to-face collaboration: A comparison of different communication mediums on the development of interprofessional patient care plans

Presentation Description

Background: With an increasing number of chronic illnesses on the rise and the general population living much longer, it is highly important that patient care practices adapt to these changes to provide better management. Effective patient care often involves cohesive collaboration between various health care providers. To help future health professionals become better collaborators, interprofessional education (IPE) has become an important addition to the curriculum of health professional programs. In addition to the shift towards IPE education, there has also been a movement towards advancing technology and telemedicine. This study was designed to identify the impact, if any, of different forms of communication on patient care within an IPE setting. The purpose of this study was to determine whether different forms of communication (video conferencing or face-to-face interaction) impact the development of patient plans.

Methods: In order to analyze this, we evaluated the care plans of 85 interprofessional teams. Each team consisted of a combination of students from 7 different health professional programs of Western University of Health Sciences from both the Pomona and Lebanon campuses. The teams were randomly assigned into two different forms of communication: video conferencing or face-to-face interaction. Each team was required to complete two care plans for Diabetes and Toxoplasmosis cases. To assign numerical values to each of the care plans, we followed a grading rubric that focused on the optimal course of action for each case. The care plan keys for the Diabetes and Toxoplasmosis cases were formulated through collaboration of WesternU faculty from different health professional programs. The keys highlighted the problem, outcome to be achieved, urgency, and professionals involved. Using these keys, we graded the care plans that the 85 participating teams formulated. The grading process of the cases were performed blindly and independently by the two investigators. The scores of each investigator were averaged, and these averages represented the numerical values of the care plans. We performed statistical analysis (independent t-test) to compare mean score differences in quality of patient care plan between the forms of communication.

Results: 27 teams were assigned to the video conferencing group whereas 58 teams were assigned to the face-to-face group. For the Diabetes case, mean (SD) scores were 17.0 (6.8) from the face-to-face group, and 15.7 (6.3) from the video conferencing group. For the Toxoplasmosis case, mean (SD) scores were 7.3 (2.4) from the face-to-face group, and 8.3 (2.5) from the video conferencing group. In both the Diabetes and Toxoplasmosis cases, we failed to reject the null hypothesis (p = 0.4021 and 0.0631 respectively) at the significance level of 0.05, which stated that there were no significant
differences between the mean scores of the health care plans between both cohorts.

Conclusions: Regardless of whether the mode of communication was done through video conferencing or through face-to-face interactions, there was no significant differences between the care plan scores. This suggests that the medium of communication among health professionals may not have a significant impact on the development of interprofessional patient care plans.

Presenters
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Abstract Number: 056

Abstract Name: *Interprofessional Clinical Education through Mobile Outreach Clinics*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background/rationale: Integrated clinical settings that facilitate interprofessional practice, as taught in the college/university setting, is often difficult to obtain when an on-campus clinic is not available. Likewise, a coordinated interprofessional educational experience may be elusive in associated health care entities that have preceptors/supervisors assisting with clinical education. The disconnect between interprofessional education that occurs through college/university didactic and simulation experiences and the educational clinical experiences with preceptors hinders the likelihood that future professionals will engage in inter/transprofessional practice. The creation of an interprofessional environment for clinical experience is thus often incumbent upon the educational entity rather than preceptors. The purpose of the poster is to describe mobile clinical outreach endeavors that allows for more attainable integration of interprofessional clinical rotations.

Method: We created mobile interprofessional clinical experiences addressing healthcare needs in our aging community and autistic population. The experiences occurred both on campus in flexible classroom/laboratory spaces and in local free clinics and nursing homes. Likewise we identified areas of health care needs in the community that either did not exist, focused on an underserved population or medical issues typically not addressed due to insurance insufficiency. The specific clinics included a falls prevention clinic, autism sensory camp, autism workforce program, migrant worker clinic, Parkinson, stroke, and chronic pain clinics located at local nursing homes, community centers and schools. Each of these programs ran for 15 weeks fall and spring semesters, and 11 weeks during the summer. Nursing, Physical Therapy, Occupational Therapy, speech language pathology and hearing, and medical imaging participated in providing coordinated care clinics to enrollees. We advertised with local hospitals, primary care physicians, rehabilitation clinics/hospitals and nursing homes. In addition, we coordinated with the local free clinics and nursing homes to ensure optimal experiences for the in-house staff, patient/clients and students.

Results: To date, 120 students participated during clinical rotations providing over $750 thousand dollars in free services to 203 patients/clients. Student outcome assessment on interprofessional collaboration attitudes indicated positive trends. Needs identified through the pilot programs included expansion of services and clinical experiences by both the patients/clients, cultural competence and program permanency. The collaborative debriefing sessions were a positive aspect of the experience. Both e-planning/debriefing and face-to-face interprofessional interaction were viewed positive by students (above 3.5 on 5-point Likert scale) as a component of the educational experience. Patients/clients indicated positive feedback for both perceived health benefits and collaborative team interaction with students.

Conclusion: Mobile clinic interprofessional education benefits student and community clients with the
opportunity to facilitate future practitioner interprofessional practice. Clinical integration of interprofessional skill is paramount to ensuring students are able to work in a team oriented patient-centered environment. Mobile clinics may provide an opportunity to monitor and integrate interprofessional clinical rotations when on-site experiences are unavailable.

Presenters

Leamor Kahanov
Misericordia University

Authors
Abstract Number: 058

Abstract Name: Leveraging Campus Clinic Revenue to IPE Clinical Experiences, Interprofessional Education and Research

Category
Oral Presentation

Theme
Leadership

Presentation Description

Background/Rationale: Educating future health care students on interprofessional care has become a required component among many health care education programs. Yet, students have limited opportunities to learn in interprofessional teams during clinical/fieldwork experience. Often educational institutions must create interprofessional clinical experience due to the paucity of preceptor led interprofessional collaborations, which may be mitigated by funding to train preceptors, faculty and engage in research on interprofessional education outcomes and best practices. Likewise, capital to create interprofessional clinical experiences in an increasingly monetized clinical supervisory system, may require creative funding. The purpose of the poster is to describe a pilot model depicting how a college leveraged on-campus and mobile community clinics to facilitate preceptor training in interprofessional collaboration, interprofessional faculty collaboration and research.

Description of Program: Profits garnered from fee for service, grant and contract supported on campus and mobile clinics were used to support the interprofessional clinics, additional training of preceptors to advance interprofessional clinical experiences for our students in off-campus clinical/fieldwork rotations and support research and writing groups.

Outcomes: We raised approximately $350,000.00 through grants and 6 small interprofessional campus and community clinics with 6 healthcare professions. The campus clinics were supported through governmental grants, contracts and donations. Patients/clients were primarily underserved or under-insured and not billed. A faculty committee distributed the revenue providing 30% of the funding to salaries/release time, 30% to medical equipment, 20% to IPE training and 20% to scholarly activity. We identified that our preceptors often lack integral knowledge to achieve an interprofessional collaborative environment for students to aid in achieving educational outcomes and therefore funding was used to provide a training program. A small group of 24 preceptors from multiple disciplines participated in IPE educator training. Due to a small size we were unable to draw any quantitative conclusions. Likewise, funds used to facilitate a faculty writing group for interprofessional research resulted in 100% of the 11 faculty remaining engaged and two accepted conference presentations with pending publication submission.

Conclusion: Although barriers still exist to the implementation of interprofessional care in clinical rotations/experiences funded preceptor training has potential to enhance the integration of IPE in the clinical setting. In addition, the funding of continued interprofessional education whereby students are integrally involved in the clinics that continue to provide education and research increases student and faculty vested interest in successful implementation. Leveraging clinics to fund faculty supported IPE preceptor training investment and research has promise. Engaging faculty and preceptors to learn how to facilitate IPE, and conduct IPE research by leveraging clinic profits can create ongoing external
preceptors and faculty partnerships in education, particularly when many institutions encounter budget shortfalls.

Presenters
Leamor Kahanov
Misericordia University

Authors
Abstract Number: 061

Abstract Name: *IPE Module Addressing a Rapid Geriatric Assessment and Care Giver Well-Being*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Interprofessional (IP) practice is essential to accomplishing improved care and outcomes for an aging population consistent with the Triple Aim. The Rapid Geriatric Assessment (RGA) and a Caregiver Assessment (CGA) are effective screening tools for community or clinical settings, can be administered by non-geriatric providers, and support early intervention. The RGA measures frailty, sarcopenia, malnutrition, and cognitive impairment. The module enabled students to discuss the greatest challenges to quality of life and functional daily activities experienced by elderly patients. Additionally, the module was designed for students to practice skills at using the RGA and CGA for assessment and team-based care discussions.

The oral presentation will review the facilitator guide, introduce the RGA and CGA, as well as the outcomes of the IPE learning experience. We created an interprofessional learning module to enable students to practice using the RGA, the CGA, and to practice behaviors of effective team-based care and collaborative decision making. We integrated the module using standardized patients (SP) in an ongoing Interprofessional Team Seminar (IPTS) course, as one of six seminars. The IPTS course has over 650 students from seven professions (medicine, nursing, physician assistant, physical therapy, occupational therapy, social work, and pharmacy) and 45 faculty who facilitate small groups.

Our evaluation question was: How does integrating the RGA and CGA into an IPTS course increase health professions students’ assessment skills and strengthen skills for IP approaches to care of elderly patients?

**Methods and Resources Created:** We developed the standardized patient (SP) scripts for an elderly patient and caregiver, as well as facilitator and student guides. Students were also provided a worksheet with guided sections to document the interprofessional learning and patient needs. The course has 45 faculty-facilitated groups of 12-14 students. Each of the groups were split into two interprofessional teams with 50% of students completing the RGA with the SP and 50% completing the CGA with the SP. Students then engaged in team meetings, explained the assessment tools to each other and discussed their findings from the SP interviews. Each team was instructed to come up with care recommendations that included either continued monitoring by the care team, supplemental in-home care, or recommendation to move to nursing home care. The case worksheets and end of session evaluation were collected.

**Results:** 559 completed evaluations represent all seven professions. 88% indicate increased knowledge
of geriatric medicine and assessment, 90% indicate the IPTS session increased skills at conducting the RGA and CGA, and 89% indicate increased confidence to administer the RGA and CGA in a clinical setting. Comments indicate a high value of assessing patient and caregiver in the same session, insight to caregiver stress/health issues, and value of IP team perspectives to address patient goals.

Conclusion: The integration of the RGA and CGA into an IP learning context is an effective model to increase knowledge, skills, and confidence to practice assessments in a clinical setting and engage in effective IP team meetings that enhance elderly patient care.

Presenters

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Saint Louis University

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Saint Louis University Dept. of Internal Medicine, Division of Geriatrics
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Saint Louis University, College for Public Health and Social Justice, School of Social Work
Abstract Number: 062

Abstract Name: *Pediatric End-of-Life Simulations and their Impact on Communication and Role Understanding in Medical, Nursing, Pharmacy, and Public Health Students.*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Simulation allows healthcare professionals to work and learn side by side as they do when they encounter actual patient-care situations. Previous studies have confirmed that high-fidelity simulation is effective in improving nursing students’ and medical students’ knowledge and communication skills (Alinier et al., 2006). Thoughtfully designed educational programs have been shown to aid students of health professions develop interprofessional competencies and capacities, including values and ethics, roles and responsibilities, interprofessional communication, and teamwork (Interprofessional Education Collaborative Expert Panel, 2011).

The purpose of this study was to analyze the impact of interprofessional pediatric end-of-life simulations on communication and role understanding amongst medical, nursing, pharmacy, and public health students. A quasi-experimental design was used in which all students participated in the two simulations. Pre and posttest data were collected using the TeamSTEPPS® 2.0 Team Performance Observation Tool, The TeamSTEPPS® 2.0 Teamwork Attitudes Questionnaire (T-TAQ), and The TeamSTEPPS® 2.0 Teamwork Perceptions Questionnaire (T-TPQ). Data was analyzed using descriptive statistics (central tendency, ranges, standard deviations, and percentages) and using ANOVA and ANCOVA.

Forty-one students enrolled in the study to date (Nursing=15, Medicine=5, Pharmacy=9, Public Health=1). TeamSTEPPS T-TAQ analysis indicated a significant difference in the mean pre and post scores (p=0.015). TeamSTEPPS T-TPQ analysis indicated a significant difference in the mean pre and post scores (p=0.028). TeamSTEPPS Team Performance Observation Tool also indicated a statistically significant increase in observation scores between SIM 1 and SIM 2 (p<0.001, DF=18, R=0.8). Interprofessional pediatric end-of-life simulations were significantly related to an increase in faculty observation scores, T-TAQ pre/post scores, and T-TPQ pre/post scores.

**Presenters**
Bree Watzak
Texas A&M University Health Science Center
Abstract Name: Student-centered redesign of first year Interprofessional course

Presentation Description

Background/rationale: Foundations for Interprofessional Practice is a required course for all first year clinical students at Rosalind Franklin University of Medicine and Science. Medicine, nurse anesthesia, pathologist’s assistant, pharmacy, physical therapy, physician assistant, podiatry, and psychology students (N=550) met for 17 1.5 hour session over two quarters to work in IP teams. The course redesign was driven by student and faculty feedback and evaluations and incorporated characteristics of adult learning theory.

Method: The course learning objectives were redesigned to focus on learning and implementing the Interprofessional Collaborative (2016) four core competencies: Teams and Teamwork; Roles and Responsibilities; Communication; and Values and Ethics. These objectives were assessed through individual and team exercises as well as quizzes. The interprofessional content built progressively, incorporating healthcare knowledge as it was learned by the students in their respective programs. The newly designed instructional delivery, based on adult learning theory, used interactive small group exercises and discussions followed by large group debriefings facilitated by faculty and eliminated faculty driven lectures. Faculty facilitators from all programs were trained in the content and contributed to each session. E-newsletters to the university followed each session and were designed to inform and educate the academic community of the students’ activities.

Results/Outcomes: Student and faculty evaluations of the newly redesigned course demonstrate an improvement in overall satisfaction, as compared with previous years. Objective assessments demonstrate students achieved solid foundational knowledge of the four core competencies.

Conclusion: The redesigned course syllabus included targeted learning objectives and content, focused on the IPEC competencies and presented in a student-centric manner and achieved the objectives set forth. Overall student and faculty satisfaction improved with the implementation of the new course design.

Presenters

Lori Thuente
Rosalind Franklin University

Tamzin Batteson
Rosalind Franklin University of Medicine and Science

Sarah Garber
Rosalind Franklin University of Medicine and Science
Authors
Abstract Name: Exploring the Effectiveness of Interprofessional Education through a Simulation Experience

Category
Interactive Poster

Theme
Education

Presentation Description
Background

Simulation has been shown to be an effective method to promote interprofessional collaboration within healthcare teams. However, few studies have investigated the incorporation of professional physical therapy students into simulations with other healthcare professionals. A clinical front-loading simulation experience in the form of a fundamental skills boot camp was developed to allow students in the professional physical therapy and nursing education programs to engage in clinical scenarios representing a variety of patient diagnoses in an acute care environment. The three-hour simulation was performed prior to clinical affiliations in both curriculums to familiarize students with common medical devices and patient diagnoses. The scenarios included patients with three diagnoses: (1) new onset right femur and left radius fracture following motor vehicle accident, (2) pneumonia, and (3) open appendectomy. Each patient case targeted a particular body system while providing students an introduction to the high fidelity patient simulators (HFPS). As students became familiar with the capabilities of the HFPS, they assessed the patient and discovered possible precautions and symptom presentations that needed to be addressed. Students collaborated to provide care and perform interventions with each patient.

Methods

The purpose of this study was to explore the influence of an interprofessional simulation experience on professional students’ understanding of roles and responsibilities of healthcare professionals in the acute care setting, beliefs towards interprofessional collaboration, and comfort with communication. The study utilized a sample of convenience including 30 professional physical therapy students and 80 professional nursing students from three institutions in Southwest Virginia. Participants completed a pre and post simulation survey regarding interprofessional values using the Interprofessional Socialization and Values Scale (ISVS). The ISVS measures beliefs towards collaborative practice in healthcare. The 34 item survey is divided into three scales: self-perceived ability to work with others, value in working with others, and comfort in working with others. The outcomes of the two surveys were analyzed utilizing a Wilcoxon matched pairs test.

Results

There was a statistically significant improvement in three categories of ISVS; ability to work with others,
value in working with others, and comfort in working with others ($p < .001$). Implementation of a boot camp simulation experience provided a significant effect on interprofessional values and understanding of professional roles among physical therapy and nursing students.

Presenters

Callie Carter
Radford University
Brittany Marshall
Radford University
Jacob Dulski
Radford University

Authors

Shala Cunningham
Radford University
Abstract Number: 067

Abstract Name: Use of Telehealth and Interprofessional Collaboration to Deliver an Exercise Program that Facilitates Aging in Place- Response to a Need

Category
Interactive Poster

Theme
Practice

Presentation Description

Background/rationale:
The Humanities Foundation, a non-profit affordable housing provider in South Carolina, requested assistance from MUSC to facilitate aging in place (AIP) for its residents. AIP is the ability to live in one’s home and community independently, despite age, ability level, or income.1 Interviews with residents revealed access to care and training in health behaviors as potential barriers to AIP and voiced concerns about falling, lack of physical activity, social isolation and the need for professionally guided, physical activity programs. With less time spent in sedentary behaviors, older adults have a greater chance to age successfully.2

A collaborative practice opportunity to respond to this community’s concerns was recognized by nursing, PT and PA faculty when the MUSC Office of Interprofessional (IP) Initiatives issued a call for development of IP team-based clinical training pilot programs. An IP Practice team of nursing, PT and PA students and their respective faculty was developed to provide resident evaluations and deliver an exercise program designed to improve strength, balance, and walking distance, which ultimately could reduce risk of falls and physical injury, fear of falling, decreased socialization, and promote AIP.1 Exercise programs designed to prevent falls are not typically reimbursed by insurance providers, and low income seniors may be unable to afford preventive programs offered for cash payment or memberships to fitness or senior centers. Thus, the group chose telemedicine/televideo as a means to deliver and monitor a guided exercise program due to cost and time constraints for participants and providers.

Methods:
Residents received comprehensive evaluations by the IP team and a fall prevention program was implemented via televideo. A provider was always onsite during the sessions, while the exercises themselves were led remotely by a PT student. The Otago Exercise Program, an evidence based, structured program was implemented for fall prevention .1 IP team meetings occurred during periodic face to face evaluation sessions and during weekly WebEx meetings to collaborate as a team and plan/modify exercise progression per resident’s needs.

Results:
The initial pilot exercise session was 5 weeks in duration so minimal physical and physiological changes were noted at re-evaluation, but data collection is ongoing. Client attitudes about the sessions were noted as increasingly positive as they perceived the program as improving their general health and well-being per verbal report. Students reported gains in IP competency as enhanced through team client evaluation and exercise intervention and weekly WebEx video conferencing. IP competency is being measured via the Interprofessional Collaborative Competencies Attainment Survey, and data collection is
ongoing.

Conclusions:
This pilot study sought to respond to a community request for an affordable peer participation activity program as well as an educational call for increased IP clinical training programs. While still in data collection at this time, the team expects to demonstrate the feasibility of the use of telehealth and IP collaboration to deliver and monitor an exercise program to promote AIP. Student gains included increased knowledge of provider roles and responsibility and improved team functioning.

Presenters
Debora Brown
MUSC
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Medical University of South Carolina

Authors
Kathy Van Ravenstein
Medical University of South Carolina
Leslie Woodall
Medical University of South Carolina
Erin Gaffney
Medical University of South Carolina
Abstract Name: Use of a Curated IPE Registry to Ensure Quality, Clarity, and Uniformity of Interprofessional Practice and Education Programming across an Institution

Category
Oral Presentation

Theme
Education

Presentation Description
Interprofessional practice and education (IPE) is as a teaching and learning process that fosters collaborative work between two or more health care professionals. It is a proven approach to collaborative learning that addresses fragmentation in health care delivery and siloing among health care professionals. Additionally, IPE plays a prominent role in both health professions' education and health care delivery and is mandated through standards of multiple programmatic accrediting bodies (e.g., Accreditation Council for Pharmacy Education (ACPE), Commission on Collegiate Nursing Education (CCNE), Commission on Dental Accreditation (CODA), Commission on Osteopathic College Accreditation (COCA), Liaison Committee for Medical Education (LCME)). Unfortunately, the quality and consistency of IPE programming can vary widely across learning activities. Also, IPE objectives are not always successfully implemented due to a lack of uniformity and standardization of program criteria. To this end, a curated IPE Learning Activity Registry was developed to ensure quality, clarity, and consistency of IPE programming.

The IPE Learning Activity Registry is a curated database containing the basic set of data items deemed essential to describe an IPE learning activity. The registry can be found at www.ttuhsc.edu/ipe. All IPE learning activities in the registry have been vetted for quality and are readily accessible and searchable by students, faculty, accreditation bodies, community partners, and outside entities. The registry was launched in 2016, in response to the growing body of opinion in favor of prospective registration and quality assurance of IPE programming that occurs across institutional programs, schools, and regional campuses. The registry was also developed to document the types and variety of IPE learning activities that target specific health professions learners (e.g., allied health, nursing, medicine, and pharmacy) in order to meet various programmatic accreditation standards. Each submission to the registry contains at least 21-items that detail the criteria for being included in the registry (e.g., title, description, learning methods, purpose, level of integration), activity participation (e.g., target audience, participation credit, frequency/duration), learning objectives, learning assessment and program evaluation, and program organizer. Each submission to the registry is evaluated for quality, clarity, and consistency and approved activities are migrated to a forward-facing online registry. Program organizers are also provided a certificate of approval, which can be given to learners upon completion of the IPE learning activity. On the registry website, a user can submit and manage their IPE learning activities, find and view approved activities, differentiate IPE actives at a glance and search by keyword, target audience, location, and date, as well as view/download full pdf versions of approved IPE learning activities for greater detail. Each approved IPE learning activity on the registry must be updated and re-reviewed on an annual basis.
to ensure continued quality and program contribution to the institutional mission of interprofessional practice and education.

During this oral presentation, the conceptualization of the registry along with the methods of development and implementation will be discussed. Additionally, utility of the registry during a recent LCME site-visit will be described. Finally, lessons-learned and advice regarding creating a curated IPE registry will be provided.

Presenters

Renee Bogschutz, PhD, CCC-SLP
Texas Tech University Health Sciences Center
Simon Williams, PhD
Texas Tech University Health Sciences Center

Authors
Abstract Number: 072

Abstract Name: Community-based Clinical Case Conferences (C4s): A comparison of investigator and participant fidelity and participant experiences.

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Theory: Pacific Northwest University of Health Sciences (PNWU) and Heritage University were awarded a five year HRSA Patient Care and Training Enhancement (HRSA PCTE) grant with the objective of presenting Interprofessional Practice and Education (IPE) to healthcare students, clinicians, and faculty as well as enhancing IPE practices currently in use. A challenge of IPE has been delivering experiences that closely represent the realities of team-based care. The degree to which a learning activity represents real life is often referred to as ‘fidelity,’ where high-fidelity activities are those that most closely mimic a real world experience in terms of physical resemblance and functional tasks. In order to increase the fidelity of an experience, students should come in contact with actual patient cases, meet with real health care providers, and provide a patient-centered care plan that includes interprofessional care specifically developed for that patient.

Curriculum Design/Methods: Groups of healthcare students from four disciplines meet at various clinical sites in the community where they review a patient case, often in consultation with the patient’s primary care provider, and then collaborate on an IPE plan for the patient. The groups can include students from the following disciplines: osteopathic physician, physician assistant, nursing, and emergency medical services. We encourage the learners to look beyond the medical diagnosis and treat the whole patient with a comprehensive plan. The students learn about each other’s scope of practice and begin to grow the relationship of understanding, trust, and mutual support. They learn about the various professions and programs at the clinic sites and also research what is available in the community.

Evaluation: HRSA PCTE Grant investigators created fidelity tools for use by grant personnel as well the student participants. One tool is a fillable Excel spreadsheet in which the fidelity is estimated by the principal investigators pre-activity with the lowest score of zero and the highest 100 points. The student post-activity tool includes a sliding scale with a continuum from 0-100%, and a 14-question survey using Likert and open-ended questions to further define their experiences.

Results: Using these tools, those developing the IPE experience are able to estimate the fidelity of the activity and feel reasonably sure that the students will learn at the level expected. In this case, the fidelity rating on this experience was high and the Grant investigator pre-activity survey score and student post-activity scores were very close; 80/100 points and 81.95% respectively.

Additionally, the survey revealed as a result of C4 participation the students would: work as a team by collaborating while optimizing each role; use open and shared communication; look at the overall patient and availability of services in the community; research the roles of other professionals; discuss care options with other professions; and act as a team leader or delegator as needed. Overall, the students felt very positive about the event and enjoyed the collaboration of learning from, with, and about each
of the professions involved. They also stated they would like to be involved in more IPE healthcare events if possible.

Presenters
Erin Hepner
Pacific Northwest University COM
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Pacific Northwest University COM
Laurene Enns
Pacific Northwest University COM

Authors
Abstract Number: 073

Abstract Name: *Interdisciplinary Shared Clinical Experiences Program*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

This presentation will describe the evaluation of an innovative interprofessional educational intervention. The Interdisciplinary Shared Clinical Experiences (ISCE) program is a longitudinal interprofessional curriculum that engages both pre-professional and post-licensure students and trainees including nurse practitioners, clinical pastoral care interns, internal medicine residents, and 3rd year pharmacists from two separate universities and three campuses.

Curricula development was guided by two theoretical approaches; social capitol and adult learning theory. The intervention was delivered over the course of an academic year and consisted of the following components: a) four case-based, on-line modules focused on the application of the core interprofessional (IPE) competencies; b) a workshop where participants began the process of learning with, from, and about one another; c) a simulation of an interprofessional team visit to a home-bound elder; d) two to three home visits by the interprofessional team to a home-bound elder; e) and an end of program debrief of the home visits and entire curricula. A community of practice website was the repository for all curricular resources, program description, FAQs, on-line modules and guided reflections.

A quasi-experimental, cohort study design with multiple sources of data was used. Study subjects were a convenience sample of students from pharmacy, medicine, nursing and pastoral care. Institutional Review Board approved the study with a waiver of consent because it was deemed minimal risk. Each component of the curricular intervention was evaluated using qualitative and quantitative measures and results will be shared at the presentation. The Attitudes toward Interprofessional Health Care Teams (ATHCT) the Interprofessional Socialization and Valuing Scale (ISVS) were administered pre and post intervention. Overall program evaluation indicated that the home visits were ranked as most meaningful while the online learning modules were ranked least meaningful. Themes that emerged from the workshop suggested that students have either a limited understanding or a fixed view of the role of clinical pastoral care and pharmacy. Schedule challenges, pre and post-licensure learners, costs, lessons learned and next steps will be addressed.

**Presenters**

Kathleen Becker
University of Southern California
Authors

Benita Walton-Moss
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Laura Hanyok
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Johns Hopkins Bayview Clinical Pastoral Care
Ty Crowe
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Jen Hayashi
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Nicole Culhane
Notre Dame of Maryland University School of Pharmacy
Anne Lin
Notre Dame of Maryland University School of Pharmacy
Abstract Name: No Mission no Margin?: Funding Interprofessional Education and Collaborative Practice (IPECP) Programs

Category
Symposia / Panel

Theme
Leadership

Presentation Description
A common saying is “No margin, no mission.” However, when it comes to interprofessional education and collaborative practice, the mission is often mandated before the margin is defined. This means that as schools and healthcare institutions are mandated to create and/or increase their interprofessional education and collaborative practice activities, the funding sources are often not immediately available. So as there is no disagreement that interprofessional education and collaborative practice activities are important for improved patient, provider, and institutional outcomes; there is often disagreement as to how to fund these important activities.

Many institutions are dependent upon grant funding for IPECP programs while others rely on goodwill and volunteerism from their teachers, students and patients. Funding challenges present in single professions are exacerbated when multiple professions design curricular activities, including faculty time for curriculum development and delivery. Because funding IPECP can be so challenging, patchworks of grants, institutional funds, and volunteerism often are created to get the job done. As these funding challenges are fairly universal for those involved in IPECP, this session proposes to be a moderated interprofessional and international panel of leaders in interprofessional education and collaborative practice at 5 institutions from the United States and Canada, who have each developed innovative IPECP programs, which have been born through equally creative funding mechanisms. The moderators will first explore with each panelist their own institutional IPECP program development while focusing on their challenges and solutions to funding these activities (30 minutes). Next, the panelists will share their collective wisdom around innovative funding mechanisms (20 minutes), and then will tap into the collective wisdom of the audience participants through a moderated dialogue between panelists and participants (40 minutes). The overall significance of this session will be the information sharing and increased knowledge of all in the room around possible ways to fund interprofessional education and collaborative practice activities and programs.

Presenters
Aaron Michelfelder
Loyola University Chicago Stritch School of Medicine
Margaret Callahan
Loyola University Chicago Health Sciences Division
Lynne Sinclair
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David Pole
Saint Louis University
Anna Ratka
Chicago State University College of Pharmacy
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Authors
Heather Hageman
Washing University Medical Center
Frances Vlasses
Loyola University Chicago Niehoff School of Nursing
Abstract Number: 080

Abstract Name: *Interprofessional Collaboration: Exponential Performance and Outcomes*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background**
Students in health professions are educated and trained in silos. After graduation, students are expected to collaborate successfully on a team that represents many disciplines and perspectives. It is not surprising that communication problems among healthcare personnel have been implicated as a cause of most patient errors (IOM, 2001, 2003, 2015; American Association of Critical Care Nurses [AACN], 2005; Joint Commission, 2005, 2007, 2008; Wachter, 2004). The Institute of Medicine (IOM) strongly advocates that “health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team” (IOM, 2003, p. 20). Interprofessional Education (IPE) exists when students from two or more healthcare disciplines have the opportunity to “learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, pg. 7). The overall purpose of providing IPE for healthcare students is to create a collaborative ready workforce (WHO, 2010).

**Introduction**
In response to the clarion call for IPE, educators at two universities created the California Interprofessional Education Research Academy (CA-IPERA, 2014). An unexpected outcome from interprofessional (IP) co-curricular collaboration was a high level of synergy that was positively reflected at the institutional, faculty and student levels. Synergy is the “increased effectiveness that results when two or more people ... work together” (Merriam-Webster, 2015). This presentation will describe the synergistic outcomes at the institutional, faculty and student levels that resulted from a commitment and dedication to co-curricular IPE.

**Institutional**
The resultant collaboration positively impacted both universities at the interinstitutional and interdepartmental levels. The universities benefited from the use of shared resources including a simulation labs, large capacity smart classrooms, and an increased number of community partnerships that created new student education opportunities and clinical experiences. This enabled the three disciplines to better meet accreditation standards.

**Faculty**
Individual faculty members also benefited from the IPE synergy. First, faculty participated in multidisciplinary training and certification in team-based learning, IPE, and simulation. Second, co-curriculum development flourished resulting in the adoption of new concepts and skills such as SBAR,
swallow screen, vital signs and lab values. Third, several innovative IP experiences were designed including (a) didactic presentations and activities, (b) experiential learning opportunities (c) campus-based community programs and (d) community-based volunteer work. Furthermore, by working together the faculty modeled the interrelational benefits of collaboration and teamwork in multiple arenas. Finally, IPE synergy resulted in significant and ongoing scholarly contributions by faculty including regional, national and international presentations, multiple publications, and IPE consultations to other organizations.

Students
Students benefited from the synergy created by the IP collaboration in multiple ways through: (a) participation in engaging learning activities with multidisciplinary students, (b) increased student-faculty mentoring opportunities, (c) increased opportunities to practice IPE competencies across a variety of settings, and (d) enhanced preparation to join a collaborative practice ready health care workforce.

Conclusion
There is a clarion call for healthcare educators to integrate IPE into the curriculum. While preparing collaborative ready health care professionals, IPE provides additional, unanticipated synergistic benefits to all stakeholders: The institutions, faculty and students.

Presenters
Darla Hagge  
California State University Sacramento  
Nassrine Noureddine  
California State University Sacramento  
Debra Brady  
California State University Sacramento  
William Ofstad  
California Health Sciences University

Authors
Abstract Name: *Results of A Case Study Approach for Teaching Collaborative Ethical Decision-Making in Pre-licensure Medical, Nursing and Pharmacy Students Facilitated by More Experienced Learners*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**BACKGROUND/RATIONALE**
Medical advances have led to unprecedented complex health care delivery. Strategies for addressing co-morbid conditions, burdensome medical tests, confounding multiple medications and treatments, surgical procedures and determination of settings for care often involve convoluted ethical decisions. These decisions cannot be made by one profession; they must involve a patient-centered approach that includes input from all relevant health care providers in addition to patients and family. Yet, most learners across health professions are not adequately prepared to collaborate in addressing ethical issues. The purpose of this presentation is to report findings of a strategy using an ethical case to teach first semester nursing, medical and pharmacy students to collaborate in applying ethical principles and address select sub-competencies of “values/ethics for interprofessional practice” (IPEC Core Competencies for Collaborative Practice, 2016).

**METHOD/METHODOLOGY**
Interprofessional groups (7-8 per group) of beginning pre-licensure medical, nursing and pharmacy learners (n=300) discussed a clinical case involving an ethical conflict after completing core curricular ethics competencies. Small groups were facilitated by more experienced learners, followed by de-briefing which focused on the impact of personal values, similarities and differences in view across professions, and shared obligation to the collaborative decision making process. Pre-post evaluation was conducted using the Readiness for Interprofessional Learning Scale (RIPLS) and Interdisciplinary Education Perception Scale (IEPS) to determine effects on attitudes toward interprofessional learning. An investigator-developed scale measured perceived attainment of objectives, and open-ended questions assessed perceived preparation of learners to collaborate on interprofessional teams to address ethical issues.

**RESULTS/OUTCOMES**
295 first semester interprofessional pre-licensure learners (37% medical, 15% pharmacy, 48% nursing) collaborated in a guided small group discussion of a challenging ethical patient dilemma. Valid instruments, including the RIPLS (n=19 items) and IEPS (n=12 items), were used to measure pre-post attitude change toward interprofessional education. These instruments demonstrated strong internal consistency (Cronbach’s α, 0.874 and 0.920, respectively). Cronbach’s α for the overall total 31 items of both instruments was 0.914. Pre-post change in total scores were statistically significant for both the RIPLS (p<0.011) and IEPS (p<0.0001), with scores increasing from pre-evaluation to post-evaluation after completing the interprofessional learning activity. Score change differences across the 3 professions, pre-post, were not significant. Individual item comparison within each instrument will be
discussed in this presentation. Results of student reports about the degree to which learning outcomes were achieved, and qualitative findings of student perceptions of the impact of this interprofessional learning experience for future practice will be discussed.

CONCLUSIONS
This IPE strategy, required for all beginning nursing, medical and pharmacy students, leads to improved attitudes toward interprofessional learning and team collaboration, and positive attitudes toward interprofessional decision making, using a clinical case to apply ethical principles and address sub-competencies of values/ethics for interprofessional practice. The activity, facilitated by more experienced learners of these professions and assisted by faculty mentors, is a feasible strategy to implement when introducing and preparing learners to engage in interprofessional ethical decision-making. It should be evaluated for use with other IPE learning activities and the benefits for student facilitators should be studied.

Presenters
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Abstract Number: 085

Abstract Name: “The ASPIRE Model: Grounding the IPEC Core Competencies for Interprofessional Collaborative Practice within a Foundational Framework”

Presentation Description

Background
Interprofessional education (IPE) and clinical training in interprofessional collaborative practice (ICP) are essential to achieving the Triple Aim. Leading IPE/ICP requires training in new knowledge and skills which most health professions faculty and clinicians lack. To guide the content of this training, the Interprofessional Education Collaborative (IPEC) defines Interprofessional Collaboration through the four competency areas of values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. For IPE/ICP training to be effective, new educational models are needed which provide an operational framework for these competencies to optimally promote team-based care across the learning continuum.

Method
The ASPIRE Model, a new paradigm for developing IPE/ICP educational experiences, was created by mapping the IPEC core competencies to three overlapping content areas: (1) Leadership, (2) Relational Factors, and (3) Practical Tools. This model provides a concise framework for showing the relationship between the long list of IPEC core competencies and their inclusion in one or more of the three curricular content areas. Specifically, the ASPIRE Model informs decisions pertaining to pedagogic considerations and corresponding learning theories, selection and organization of content, learning context, and assessment of learner outcomes. The ASPIRE Model was empirically tested as an approach to provide IPE/ICP training through “real-world” application in three IPE/ICP faculty development programs for clinician educators between November 2015 and November 2016.

Results
A mixed-methods approach was utilized to evaluate program effectiveness and assess learner outcomes, and included three primary sources of data: (1) responses to three general evaluation questions, (2) responses to open-ended questions, and (3) team project development during 3 ½ days of training and 12 months post-training.

Eighteen teams participated in one of the three 3 ½ day IPE/ICP faculty development programs and a total of 51 participants completed the evaluations.

The three evaluation questions and Likert-scale value (1-low, 5-high) ranges are as follows:
Today’s sessions were well-organized (4.73 – 4.96).
Today's sessions enhanced my current knowledge of learning IPE and ICP (4.29 – 4.64).
As a result of today’s sessions, I intend to make changes to my IPE or ICP work (4.25 – 4.70).

Examples of open-ended responses included the following: “Organization was recognized and appreciated;” “IPE has to be well thought out to meet learning objectives;” “Content and strategies effective and appreciated.”

Each team developed a project during the program. Examples of project titles include: (1) COPD Two-Part Simulation with Nursing, Respiratory Therapy and Occupation Therapy Assistant;” (2) “Interprofessional Education Teaching Certificate: Teaching and Precepting Interprofessional Learners;” and (3) “UVA 4 East IPE and Clinical Program: Improving the Engagement of Learners in Patient Safety Activities.” Follow-up phone calls and webinars confirmed that these teams are continuing to develop their projects as a result of the 3½ days of training.

Conclusions
The ASPIRE Model is an effective approach to embed the IPEC competencies in the design, implementation, and assessment of IPE/ICP educational activities. The three overlapping content areas of the ASPIRE Model also demonstrate the interplay of these three areas as foundational components of balanced effective team training.

Presenters
John Owen
University of Virginia
Julie Haizlip
University of Virginia Schools of Nursing and Medicine

Authors
Abstract Name: *Teaming Up in Primary Care: Sustainable Models in the Real World*

**Presentation Description**

Emerging research has shown that there are sustainable models for collaborative practice in primary care (Corso, Hunter, Dahl, Kallenberg, & Manson, 2016; Robinson & Reiter, 2014). The adaptation of these innovative practice models into currently functioning primary care practices requires health care professionals to be flexible in order to “fit” interventions into a service delivery model that is oriented to population health. A significant driver of interprofessional practice implementation will be the dissemination of: 1) these models across the spectrum of health care providers and 2) solid business plans demonstrating sustainability.

The uptake of long-standing, non-student based collaborative practice models in primary care is essential for the future of interprofessional education (IPE; Earnest & Brandt, 2014). First, the establishment of strong team-based primary care practices provides true and practical application of classroom concepts learned during foundational IPE training. Second, a critical extension of IPE in health care professions training programs is seeding local practices with newly minted providers who are prepared to develop these sustainable models. These providers are situated to: 1) demonstrate the value of IPE in the real world, 2) provide high fidelity training sites for future IPE students, and 3) lead the field of interprofessional practice and innovation.

At East Tennessee State University, we have assisted several IPE post-doctoral trainees in developing positions in collaborative primary care around our region. Today, several psychology and pharmacy graduates are working in primary care clinics based in urban and rural areas, academic health center and private-sector health care settings, and within for-profit and federally-qualified health care. These new professionals have increased the demand for interprofessionally trained providers, prepared for an adaptation to primary care. They have initiated training programs and serve as a model for our current IPE students.

In this interactive workshop, we will provide attendees with information on best-practice collaborative models for primary care practice as well as an overview of our business strategy for growing sustainable permanent positions for our graduates with discussion about how to generalize these to new professions. The session will be structured around two "theory bursts": one which elaborates integrated practice models and one which describes business models and how to “sell” interprofessional practice. The dissemination of this information will occur in the context of participant engagement. Specifically, we will use small group discussion exercises to facilitate adapting specialty/siloed care to the primary care environment and applying models & plans to participants’ specific situations.
Presenters
Jodi Polaha
East Tennessee State University
Brian Cross
East Tennessee State University

Authors
Abstract Name: Growing the Interprofessional Dedicated Education Unit: Preparing Practice Ready Clinicians

Background/rationale: In fall, 2014, Wright State University College of Nursing and Health’s (WSU CoNH) Dean formed an interprofessional collaboration that included the Kettering Health Network (practice partner), Boonshoft School of Medicine (BSOM) at Wright State, and Cedarville University School of Pharmacy (CUSOP). Kettering agreed to dedicate one hospital unit (Trauma) as an interprofessional dedicated education unit (IDEU). The educational model merged two concepts: the dedicated education unit, first originating in Australia during the 1990s (Nishioka, Coe, Hanita, & Moscato, 2014) and interprofessional education. The goal of the project was to educate multiple healthcare related disciplines as a team using discipline-specific and interprofessional curricula.

Methods/methodology
A medical student elective rotation was developed for BSOM. CUSOP also developed an elective clinical rotation for their final year in the pharmD program. WSU undergraduate senior nursing students applied for this experience as part of their capstone course just prior to graduation.

The CoNH Dean trained faculty from all three disciplines on an interprofessional curriculum, which included at least 33 IPE activities. A small grant from the local Sigma Theta Tau chapter provided educational materials. Nurse preceptors on the trauma unit became IDEU clinician educators and attended an IPE pedagogy and evaluation methods workshop. Additionally, the trauma medical director and surgeons, clinical specialty pharmacist, emergency room (ED) nurses, and support staff were oriented to the project as a team. These individuals and all three groups of students made up the IPE team. An interprofessional advisory board was established to manage conflict.

Students had the opportunity to rotate through the ED for the patient continuity of care from ED to operating room to the trauma floor. All three disciplines of students attended morning table top rounds and care planning. The exposure to team planning is central to the project (Friend, Friend, Ford, & Ewell, 2016; Liu, Gerdez, & Manias, 2016). Daily, the team collaboratively discussed patient issues and completed weekly IPE learning exercises.

Results/outcomes
The IPE model of educating healthcare profession students has been well-received on the IDEU with positive anecdotal reports from patients, students and faculty. Students repeatedly ask for more...
opportunities to learn and practice interprofessionally. An added benefit has been the opportunity for unit staff to interact with students and faculty from all three disciplines. There is a greater understanding among the students of each discipline’s role.

Challenges include the following: Nurse Clinician educators do not always value the importance of the daily IPE teaching rounds and prefer students to be on the unit for patient care. Scheduling can be challenging because medical and pharmacy students have one-month rotations while nursing students do a 12-week rotation. Large teams moving through the trauma unit can be overwhelming for patients and families.

Conclusions
The IDEU serves as a model to educate healthcare professionals together in the practice setting so students are better equipped to practice as a team. Plans are being made to include nurse practitioner and physician assistant students in the IDEU, as well as IDEU integration in other area healthcare systems.

Presenters
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Abstract Number: 092

Abstract Name: An Innovative Leadership Model for Healthcare Teams

Category
Interactive Poster

Theme
Leadership

Presentation Description

The healthcare team possesses the clinical and medical capabilities to meet the demands and challenges of patient care. Teams in healthcare have been used for centuries, however, the functionality of teams is based on the leadership conducting the team. The problem is that teams function only as well as the leadership facilitating the process.

The purpose of this poster is to describe the primary factors impacting healthcare teams today, to present a new and innovative model that ensures effective leadership within interdisciplinary healthcare teams, and the unique role of each professional may play as team-leader in meeting the resulting challenges.

Built on a foundation of communication, interpersonal engagement and decision-making the proposed leadership model is designed to improve team leadership in healthcare. The single most important leadership skill in healthcare is communication. Since different team members cover the patient 24 hours a day seven days a week, the ability to communicate effectively verbally as well as in writing can help to keep the team on task and informed as to the plan of care. Without appropriate communication, the team will falter either with political drama or lack of completion of tasks.

Communication may be at the apex of healthcare teams but interpersonal engagement is just as important. If team members cannot engage without disputes and emotionally charged discussions the team will falter.

The interesting part of the Simen-Schreiber Leadership Model for Healthcare Teams is that, while the leader is the ultimate decision-maker, the team and community can influence the leader, and the leader can be replaced (by any of the team members) at any time to further progress the project. It is not the leader alone but the feedback from all involved in the project that provides forward progression.

From a theoretical perspective, a healthcare team should incorporate a combination of at least four leadership theories; servant leadership, team leadership, authentic leadership, and the Leadership Challenge approach (Northouse, 2013). These four leadership theories encapsulate the theoretical functionality for the Simen-Schreiber Leadership Model for Healthcare Teams and will be explored in the poster.

Eventually, this approach will need to be tested; however, for the purpose of this poster, this approach is described to give structure to the type of leadership needed for interdisciplinary healthcare teams.

Presenters
Janice Hoffman - Simen
Western University of Health Sciences
Authors

Deborah Schreiber
University of La Verne, LaFetra College of Education and Organizational Leadership
Abstract Number: 097

Abstract Name: Understanding Undergraduate and Graduate Student Experiences in Interprofessional Education: A Mixed-Methods Study

Category
Interactive Poster

Theme
Education

Presentation Description

Interprofessional education (IPE) has been identified as a key learning strategy to enhance the ability of health, education and social care practitioners to work together to enhance collaborative patient care. The development of collaborative patient-centred practice in Canada can be linked with Roy Romanow’s 2002 report, indicating that the future of health care involves providers who can share expertise in a team environment that are inclusive of the needs of patients, their families and their communities. Interprofessional collaboration has important implications for rural and Northern communities that have health human resource shortages and limited accessibility for underserved populations.

IPE involves learners coming together with different backgrounds and differing stages of training. There are a multitude of influences on learner’s development of interprofessional practice; research needs to better understand how these factors interact to create the basis of a learning experience that develops, or doesn’t, into interprofessional competence. There is a lot that is assumed about IPE, however, less is known about what it is like to be an interprofessional learner. This study is not about an IPE Program, rather it is about the variety of influences that impact learning and the development of interprofessional practice.

This is an in-depth exploration of learners’ experiences of IPE in the context of an IPE Program run in Northern Ontario, drawing on theories of phenomenological and realist inquiry; phenomenology for the perceptions of student experiences of interprofessional learning and realist inquiry to allow me to provide an explanation of students’ impact of their learning, how and to what extent does the learning impact students’ sense of personal and professional identity. University students from a variety of health, education, and social care programs in Northern Ontario, who are participating in an IPE Program at the Northern Ontario School of Medicine (Laurentian University campus), will be invited to participate in this study (n~30).

This poster will describe the 3 phases of my research. Phase 1 involves a review of IPE competencies identified in course outlines of the 13 academic programs from which students have come to participate in the IPE Program. This phase will explore students’ prior experiences of IPE and their respective programs’ expectations regarding IPE competencies. Phase 2 will explore students’ beliefs, attitudes and experiences with IPE learning before and after participating in different episodes in an IPE Program. Phase 3 will explore how students have developed or changed their perspectives on IPE and interprofessional practice once they have completed the IPE Program. Data will be analyzed to construct
themes that respond to the realist stance of providing an explanation of how, and in what contexts IPE learning impact students’ sense of personal and professional identity.

Presenters
Gayle Adams-Carpino
Northern Ontario School of Medicine

Authors
Rachel Ellaway
University of Calgary
Abstract Number: 098

Abstract Name: **BRINGING IP ASSESSMENT DOWN TO EARTH**

**Category**
Discussion Group

**Theme**
Education

**Presentation Description**

There is a growing emphasis on interprofessional education in health care as a result of research demonstrating the benefits of interprofessional collaborations that require continuous interaction, coordinated efforts, and knowledge sharing among health care professionals. Among the major benefits of interprofessional collaborations are improved patient outcomes, enhanced provider satisfaction, and more effective utilization of resources. Tools and resources for interprofessional programmatic assessment and faculty development, however, are few and far between.

The goal of all interprofessional healthcare programs is to affirm that graduating students achieve competency in the areas of Teams & Teamwork, Communication, Roles & Responsibilities and Values & Ethics (the four IPEC core competencies). The program of study and assessment of the interprofessional program at each institution, however, will be specific to that institution as each institution has a unique culture and set of available resources.

Institutions and programs, therefore, must consider approaches for developing sustainable IP Education and Training for faculty and programs, bringing didactic and clinical faculty up to speed with IPEC competencies and promoting an interprofessional culture at the program level. This will require institutions to develop and share tools and resources in order to develop a sustainable culture of interprofessional healthcare education and practice that fits their specific needs.

This Discussion Group will consider approaches to developing and applying interprofessional competency maps to the development of faculty training tools, workshops and programs. The topic outline, including examples of interprofessional activity competency maps, will be introduced in a 15 min. presentation, followed by small group facilitated discussion (20 min.) and concluded with a large group discussion-presentation to summarize approaches to interprofessional programmatic assessment (10 min.).

**Presenters**
Sarah S. Garber  
RFUMS  
Lucinda L. Maine  
American Association of Colleges of Pharmacy
Authors
Abstract Name: Promoting Interprofessional Collaborative Practice: Role of the Professional Association

Category
Oral Presentation

Theme
Leadership

Presentation Description
Background/Rationale:
Health care reform is mandating a transition to team-based practice as a means to improve quality, safety, outcomes and cost efficiencies. Academic institutions are working to implement curricular changes that foster interprofessional experiences in pre-professional education, which increasingly embrace interprofessional competencies. Similarly, there is a need for post-professional education that fosters preparation for and engagement in interprofessional collaborative practice (IPCP) among the existing health care workforce. Such workforce development presents its own set of unique challenges for building IPCP awareness, understanding, buy-in, and cultural shifts that lead to transformational behavior. Professional societies are uniquely positioned to foster IPCP among its members who comprise much of the health care workforce. There is also the need to balance advocacy for the unique expertise and value that individual professions contribute in the context of being a team player.

Method:
This session will examine the role of professional associations in promoting IPCP as a priority for practitioners and educators and providing guidance to its members.

Results/Outcomes:
Representatives of three professional associations, the American Speech-Language-Hearing Association (ASHA), American Psychological Association (APA), and American Occupational Therapy Association (AOTA) will share information and perspective about how each of their associations is positioned to advance IPCP among its members. This occurs through promulgation of curricular resources to build IPCP skills in students and by giving practitioners the tools they need to succeed as members of interprofessional teams. Presenters will also solicit the expert perspective of attendees to identify optimal ways that professional societies can advance IPCP.

Conclusions:
Professional societies are uniquely positioned to foster IPCP among its members who comprise much of the health care workforce. This session will explore that role along with the strengths and challenges associated with bringing about transformational change toward an IPCP workforce.

Presenters
Loretta Nunez
American Speech-Language-Hearing Association (ASHA)
Authors
Abstract Name: Applying the flipped classroom model to interprofessional simulation

Category
Interactive Workshop

Theme
Education

Presentation Description

Background/rationale:
In 2013 Prober and Khan (1) issued the call to reimagine medical education by using the flipped classroom model. In the flipped classroom, students have access to the course material in advance of class and class time is reserved for active participation (e.g. simulation) by learners. Within the simulation literature, Cook et al (2) published a meta-analysis suggesting that simulation is enhanced when learning activities are distributed over more than one day and when pre-training is involved. We suggest combining simulation and flipped classroom to not only provide a more learner-focused method of instruction but also to enhance the outcomes of the simulation activity, which has been supported by research (3). Particularly for interprofessional education when the students feel vulnerable, the concept of pre-training arms the students with necessary information that they can review and understand asynchronously at their own pace. Bringing the knowledge obtained asynchronously to the supportive simulation experience empowers the learners and allows advancement in teamwork knowledge, skills and attitude. The flipped classroom model is ideally suited for interprofessional education in order to level the playing field and create a rich and empowering learning experience.

Engagement methods (describe your plan for interaction):
We plan to introduce the topic of flipped classroom and active learning through the combination of a short video and a readiness assurance test with an interactive reflection via an audience response system. We will break up the large group into small groups to allow for discussions regarding opportunities and pitfalls related to adopting the flipped classroom approach to interprofessional simulation-based education. We will conclude with a posttest and interactive reflection via an audience response system.

Session outline:
1. Introduction: Participants will watch a video introducing the flipped classroom model followed questions via the audience response system in an interactive format. (10 minutes)
2. Example: We will discuss our example of the use of the flipped classroom approach to interprofessional simulation-based education with TeamSTEPPS®. (5 minutes)
3. Group work: Participants will work in small groups to discuss opportunities and potential pitfalls/risks related to adopting the flipped classroom approach within an interprofessional simulation-based educational exercise. Groups will write down their comments on flipcharts (or paper on tables). Afterward groups will merge, share and reflect upon the findings. These results will be summarized in the front of the room on the projector screen via the presentation computer. Results will later be
distributed to all participants who provide their contact information. (30 min)

4. Tips: We will share our tips from our experience and the literature related to creating a flipped classroom educational experience and specifically how to best apply it to an interprofessional group. (10 min)

5. Posttest: We will administer a 3 question posttest using the audience response system in an interactive format to evaluate whether all objectives were met plus answer any remaining audience questions. (5 min)

Presenters

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Abstract Number: 110

Abstract Name: *Uniting occupational therapy and physical therapy ethics educators for an interprofessional knowledge exchange project*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background: Ethics education is the cornerstone of professional practice in healthcare, fostering knowledge and respect for core ethical values among healthcare professionals. Ethics education has also been identified as a subject well suited for interprofessional education and collaboration. With that in mind, our research team developed a knowledge exchange project – the Canadian Rehabilitation Ethics teaching Workshop (CREW) – to bring together Canadian occupational therapy and physical therapy ethics educators to share knowledge about ethics education in their programs and to build a community dedicated to improving interprofessional ethics education. Objectives: The objectives of this presentation are 1) to describe the process used to develop our interprofessional knowledge exchange project on rehabilitation ethics education and 2) to evaluate and present the results of this innovative project. Methods: A descriptive-evaluative design was used to describe and evaluate the project, and included both quantitative and qualitative approaches. The Ottawa Model of Research Use (OMRU) was used to develop the project. Two strategies were employed to facilitate knowledge exchange: an interactive one-day workshop held in person in Montreal and a wiki platform. Quantitative outcomes included the number of attendees at the CREW day workshop compared with the number of participants who were invited to participate, an immediate post-workshop questionnaire evaluating the degree to which participants’ expectations were met and the participation rate on the wiki. Qualitative outcomes were collected from open-ended questions in the post-workshop questionnaire and from structured telephone interviews conducted with participants nine to ten months after the workshop to record their perceptions on whether (and if so, how) the project influenced their teaching or led to further interprofessional collaborations. Results/Outcomes: Of 40 ethics educators contacted, 23 participated in the workshop and 17 in the follow-up interview. However, only 6 participants logged onto the wiki from its launch to the end of data collection. Five themes emerged from the qualitative analysis: 1) belonging and networking; 2) sharing and collaborating; 3) changing (or not) ways of teaching ethics; 4) sustaining the network; and 5) envisioning the future of ethics education. The project attained its goals, despite encountering some challenges. While the wiki platform proved to be of limited benefit in advancing the project goals, participants were very positive about the value and outcomes of the project as a whole. In particular, the interactive format and collaborative nature of the one-day workshop was reported to be both rewarding and effective. Conclusion: The CREW initiative was an attempt to create a sustained relationship between occupational therapy and physical therapy educators to share knowledge about ethics education and it succeeded in initiating new collaborations among educators dedicated to improving rehabilitation ethics education and research.

Presenters
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Abstract Number: 114

Abstract Name: Partnering with Marshallese Faith-Based Organizations to Screen for Hypertension and Diabetes

Category
Interactive Poster

Theme
Practice

Presentation Description
Pacific Islanders, including Marshallese, are underrepresented in health research.[1] The limited data that is available show that the Marshallese in the United States, and in the Republic of the Marshall Islands, are disproportionately burdened with high rates of obesity, diabetes, cardiovascular disease, and infectious diseases.[2] Additionally, Marshallese face numerous social ecological barriers to healthcare.[3] Arkansas now has the largest population of Marshallese in the continental US, with a population of approximately 12,000. This article describes the design, implementation, and lessons learned of faith-based community health screening events for the Marshallese community of Northwest Arkansas. The health screenings were conducted in Marshallese churches by an interprofessional team of faculty, students, and researchers from the University of Arkansas for Medical Sciences Northwest’s colleges of Medicine, Nursing, and Pharmacy and the Office of Community Health and Research. Marshallese community health workers, Marshallese faith-based organization leaders, and Marshallese community stakeholders also played a crucial role in the study’s design and implementation. Lessons learned from the study include the importance of: 1) cultural protocol; 2) effective communication; 3) partnership with healthcare providers; 4) logistics of set-up and implementation; and 5) building the capacity of churches to act on the health-related information received from the health screenings. Working with Marshallese faith-based organizations to conduct health screenings demonstrated an effective strategy of documenting crucial health information, conducting survey research, and connecting an underserved community with health care services.

Presenters
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Abstract Number: 115

Abstract Name: Developing an Interprofessional Student-Led Clinic to Address Diabetes Health Disparities in a Pacific Islander Migrant Community

Category
Oral Presentation

Theme
Practice

Presentation Description
Despite the passage of the Patient Protection and Affordable Care Act, there are still underserved and underinsured communities in the US. Student-led free clinics (SLFC) have become a way to provide non-emergency care to vulnerable, uninsured populations.1 SLFCs can offer the opportunity to integrate interprofessional education (IPE) models emphasizing the roles of different healthcare disciplines with hands-on learning experiences for students.2 In 2013, the University of Arkansas for Medical Sciences Northwest established the North Street Clinic, an interprofessional SLFC, in an effort to address the diabetes-related health disparities of the local Marshallese community. The Marshallese community in Northwest Arkansas is the largest in the continental US. This article documents the establishment of the North Street Clinic with a focus on chronic disease management and providing culturally-competent patient care through an IPE care team. The North Street Clinic is different from other SLFC because the clinic: 1) targets a unique patient population with significant health disparities; 2) utilizes bilingual community health workers from the local Marshallese community; 3) focuses on chronic disease management rather than acute care; 4) interprofessional education, teaching, and administration are integrated throughout all clinic processes; 5) engagement of community partners ensures continuum of care; and 6) technology is used to better facilitate patient care and educational training and experience. The clinic allows students the opportunity to learn from faculty and students of other health professions and provides them with a better understanding of how to work with patients from different cultures. The North Street Clinic can serve as an important model for other SLFCs seeking to integrate IPE into a free care model focused on meeting the chronic disease disparities of a unique and underserved population.

Presenters
Pearl McElfish
UAMS
Abstract Name: **Interprofessional trailblazers: Outcomes of a Library, Sonography and Nutrition Pilot Program to Initiate Interprofessional Education**

**Category**: Oral Presentation

**Theme**: Education

**Presentation Description**

**Background/rationale:** Student IPE activities have been shown to result in improved ability to produce comprehensive patient care plans and increased appreciation for contributions made by other health care professions. The professions involved in these activities often have overlapping clinical responsibilities and may be used to interacting with each other in patient care environments. IPE activities for professions who rarely encounter each other in the patient care setting have been evaluated less frequently.

**Method/methodology:** An online tutorial, “Sarah’s Baby,” was initially developed by medical librarians to improve the information literacy competencies of incoming medical students (2-3). The tutorial follows a pregnant teen, Sarah, as her healthcare team discovers and responds to fetal growth complications. Sarah’s case includes contributions from a wide variety of healthcare professions and the tutorial is easily adaptable for use by other professions’ students.

Diagnostic Medical Sonography (DMS) and Medical Nutrition Education (MNE) programs expressed interest in using the discipline-specific versions of the “Sarah’s Baby” tutorial and then using Sarah’s case as the basis for a new IPE activity. The team began planning the pilot course during a full-day, campus-wide faculty development session that focused on developing and implementing IPE. During the session, the team outlined the work that needed to be done to meet the unique learning competencies of both health professions’ student groups, in addition to IPE competencies. After learning of a funding opportunity offered by the campus IPE leadership, the team created a grant proposal and was awarded funds to help cover some of the costs of planning the pilot course.

This educational activity was implemented in three parts. First, the students worked through discipline-specific versions of the “Sarah’s Baby” tutorial. The tutorials focused on the use of library resources and researching fetal growth. Second, a hands-on ultrasound scanning activity focused on assessing fetal growth. The final component was a group session focused on the process of taking a 24-hour diet history. Both the second and third sessions included use of a standardized patient and presentation of important information by the student experts to the other student group.

**Results/outcomes:** Students increased their skills in locating the evidence they will need to make patient care decisions. They gained knowledge about their interprofessional team colleagues and the value each profession brings to the healthcare team. Post-test scores showed a statistically significant increase from the pre-test scores, and the students qualitatively expressed an increased understanding of the roles of each respective discipline. They also polished their effective communication methods and patient interview skills by working directly with their healthcare teammates and with a standardized patient. Due
to the favorable assessment, the course was integrated into both programs’ curricula.

Conclusions: Our experience with developing this course offers a model to follow for other interprofessional faculty teams who are open to exploring new collaborations in order to create successful IPE activities. It also demonstrates the impact these activities have on educational outcomes and improving course/program curricula.

Presenters
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Abstract Name: Interprofessional Geriatric Assessment Program: Filling in the “GAP”

Presentation Description
The provision of primary health care for our aging population has become more challenging as individuals live longer with more acquired limitations that interact in complex ways. The combination of aging populations and increased longevity, coupled with chronic health problems, have become a global challenge that places new demands on medical and social services (Institute for Healthcare Improvement, 2016). Lack of knowledge, negative attitudes, and anxiety about aging in health professionals can be significant barriers to quality patient care, negatively impacting health outcomes and even contributing to health disparities among minority groups (Abdou, Fingerhut, Jackson & Wheaton, 2016; Lookinland & Anson K, 1995).

The challenge of providing quality primary health care is further complicated by declines in cognition. Comprehensive interprofessional assessment clinics provide a mechanism to rapidly evaluate older adults through an integrated biopsychosocial-spiritual lens. The goal is to offer integrated cross-disciplinary recommendations that are culturally sensitive, personally relevant and result in achievable goals that support the patient’s highest level of safe and independent/interdependent function. The value of comprehensive interprofessional geriatric assessment programs is clear.

Implementation of these interprofessional programs is fraught with barriers that require an informed and organized approach to maximize positive outcomes. We will present an overview of our program here at USC, including 4 key components. These are (1) existing program logistics/flow and future directions, (2) the strategies and mechanisms that led to successful intra-team cohesion and effectiveness, (3) how to create opportunities to teach basic principles of geriatric assessment and interprofessional team functioning to students from six health care professions, and (4) the value of Rapid Cycle Quality Improvement (RCQI) to improve processes and experience of care. We will utilize a case format to illustrate these key components.

Presenters
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University of Southern California
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Abstract Name: *Creation of a Course to Educate 3rd Year Medical Students Utilizing Synchronous/Asynchronous Methodology, Interprofessional Consultations and the Teaching Electronic Medical Record*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background:**
Indiana University School of Medicine (IUSM) was granted an American Medical Association – Accelerating Change in Medical Education (AMA-ACE) grant to develop a teaching electronic medical record (tEMR) by de-identifying the records of 10,000 actual patients and using those records to teach medical students about the newly developed and rapidly growing field of health systems science. Recognizing the opportunity for the tEMR as a tool for interprofessional teaching and learning, IUSM began development of a course to bring students from multiple professions together to consider issues involved in patient management.

**Method:**
In October 2016 the first pilot for the course launched, running longitudinally with third year medical students’ required clerkships. The first session was an in-person small-group session concentrating on teamwork and communication. The students then completed 4 small group sessions on line. Each month-long session involved the same patient and dealt with different care issues across the continuum of care including identifying barriers to care, transitions of health care team, determining the root cause and developing plans for prevention of medication errors, and determining how and when to employ palliative care. Students from nursing, pharmacy and social work as well as interprofessional health care professionals that the students worked with during their clinical clerkships participated as consultants. The final session was designed to discuss diagnostic errors as well as to review what the students had learned about the role and value of teamwork and accurate and complete communication in providing optimal patient care. Clinical faculty members served as facilitators for the in-person sessions and to oversee the on-line group work.

This course allowed medical students to identify the issues involved in providing longitudinal care as well as understanding the role of various healthcare professionals in overcoming barriers to care, transferring care, preventing medical errors and ensuring that care is provided in a patient-centered manner.

**Results:**
Analysis of student and consultant assessment of the value of this course is ongoing and will be
completed in April 2017, but preliminary data suggests that medical students utilized more than 3 different healthcare consultants per group and appreciated the opportunity to gain increased insight into issues involved in multi-disciplinary, longitudinal, patient-centered health care. Immediate plans for next steps include increasing the depth and breadth of opportunities for interprofessional interaction across professions to allow students from other healthcare professional schools to participate more directly in the course over time.

Conclusions:

We created a unique synchronous/asynchronous course for third year medical students to teach issues related to longitudinal, multi-disciplinary, patient-centered health care. Students gained experience and knowledge in clinical teamwork, analyzing clinical materials, and consulting with other health care professionals. Students especially appreciated the opportunity to collaborate with peers and other healthcare professionals.

Presenters

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Abstract Number: 129

Abstract Name: *The Navigator Program: Reducing Patient Readmissions*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**

This presentation describes an innovative practice-academe partnership. The partnership involves the health care facility transitional care program, and nursing and medical students at the university. In a navigator model, pre-licensure nursing and medical students conduct additional home visits to patients who have been discharged from the acute care facility and are designated as high risk. After initial assessment and screening by the transitional care nurse, student navigator teams obtain background information about the patient including discharge medications and plan of care. Student teams make a home visit to the patient, and in a patient-centered approach that involves family, use a structured approach to addressing patient and family needs. Key activities during the home visit include: conducting a focused history and physical assessment, performing a medication reconciliation, collecting information on patient ability to do discharge self-monitoring, determining nutritional needs, scanning the environment for risks, determining whether additional equipment is needed, and screening for telehealth monitoring. Home visits are conducted under the supervision of a nursing faculty-practitioner, who is also an Emergency Department nurse. After the home visit, student teams report out to the Transitional Care Nurse Manager, using an "urgency” protocol to assist the Transitional Care Nurse Manager in prioritizing her case load.

The program measures student and patient outcomes. The primary purpose of the program was to show impact on the Institute of Healthcare Improvement (IHI, 2017) Triple Aim. Results show that patients in the student navigator program had reduced 30-day readmissions (from 36% to 0%), reduced all readmissions (from 64% to 28%), and increased time to readmission (72 days to 98 days). Student outcomes include development of team and communication skills. The tool is a modified rubric of our interprofessional simulation rubric, patterned after the Interprofessional Education Collaborative (IPEC, 2016) competencies, showing improved teamwork and communication skills over time.

An important evaluation of this program was to assess the return on investment (ROI) in an effort to further impact the IHI Triple Aim. Accounting for the ongoing cost of faculty-practitioner supervision of student team visits, the ROI for the home team visit expansion using student navigator teams was $210,170 for the academic year. The ROI represents the investment for adding transitional care capacity by 64 visits, and reduced cost of readmission. This figure is conservative, as the value-based purchase savings have not yet been calculated into the ROI.

In summary, the model where student interprofessional navigation teams can have a direct impact on the IHI Triple aim was demonstrated with this program. We will be expanding the program to include Emergency Department discharge phone calls, consistent with the ROI model.
Presenters
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Abstract Number: 132

Abstract Name: *Capitalizing on authenticity: Interprofessional student co-management of geriatric patients*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background/Rationale: Clinical interprofessional (IP) co-management scenarios, where health professions students learn together and care for patients as a team, highlight practical IP student teamwork and collaboration; however, few opportunities exist. Skilled nursing facilities (SNF), which by nature involve complex IP teams on a daily basis, can provide authentic and practical IP settings for students. SNFs can also be ideal environments to model clinical co-management, however to our knowledge, there have not been examples of utilizing a SNF as a model for IP student co-management. We present the design and initial reflections of a novel, IP SNF-based elective designed to engage senior medical (MD), pharmacy (PH), and physical therapy (PT) students in collaborative care.

Methods: We designed a 2-week elective to engage students in routine clinical activities at the San Francisco VA Community Living Center (CLC), a >100 bed SNF run by IP clinical care teams of medicine, nursing, pharmacy, rehabilitation, social work, nutrition, recreation therapy, and spiritual care providers. Course objectives focus on 4 geriatric competencies common to all 3 disciplines: evaluating and treating falls/gait disorders, patient self-care capacity, appropriate/hazardous medications, and IP collaboration. IP student teams model full-time providers by providing team evaluation and assessment of 6-8 CLC residents. Patient care activities include: evaluating functional status/fall risk, completing quarterly assessments, conducting medication reviews, and presenting to CLC attendings and at CLC IP team meetings. Student teams huddle daily to discuss clinical and team challenges. CLC faculty members provide preceptorship. Multiple assessment tools were created, including 360-degree self and CLC team assessments and reflections on the experience of working on an IP team.

Results: Twenty-three students (11 MD, 11 PH, 2 PT) enrolled in the 2016-17 pilot. Preliminary student feedback (n=10) suggests the elective fills important gaps in their IP education by providing an experience in which students feel they make valuable contributions to clinical care and are integral to the CLC team. Students appreciated the unique opportunity to manage patients as an IP team and experience first-hand how IP care impacts patients. CLC faculty/staff feedback indicated student team presence is enjoyable, efficient, and adds value to patient care. Consistent with IP experiences in the real world, students faced challenges with role uncertainty in unfamiliar activities and differences in learning goals.

Conclusions: This elective showcases the potential and feasibility for engaging IP learners in patient co-management in an authentic IP environment. Real-world IP teamwork in the SNF allows for both observation, as well as modeling, of IP collaboration. The long-term nature of SNF patient care provides an appropriate and safe environment for students to co-manage patients independently as a supervised clinical care team, teaching and learning from each other while receiving guidance from long-standing IP SNF team members. Our experience provides insights that could help others create similar IP SNF
electives.

**Presenters**

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**Authors**

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Michi Yukawa  
University of California, San Francisco
Abstract Number: 135

Abstract Name: Implementation of an Interprofessional Education (IPE) Clinical Experience into a Safety-Net Primary Care Clinic

Category
Oral Presentation

Theme
Education

Presentation Description
Background: Graduates from healthcare disciplines are expected to work in interprofessional teams upon graduation, but are rarely taught how to effectively do so while in school. Exposing students to IPE in the clinical environment is paramount to afford students opportunities to apply the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice in the patient care setting.

Objective: To develop and implement an IPE clinical training site for health professions students.

Methods: Mercy Health Clinic, a safety-net clinic serving uninsured, low-income patients, was identified as an ideal clinical IPE learning environment for students. Students participated in a six hour orientation/training for IPE clinic which included teambuilding exercises, introduction to IPEC Core Competencies, and a simulated IPE clinic standardized patient encounter. IPE clinic occurred every other Thursday for four hours. Team Skills Scale (TSS) was the chosen assessment tool. Mann Whitney U test was used for data evaluation.

Outcomes: In the first year of IPE clinic, 18 students participated (8 nursing, 6 pharmacy, 4 social work). 18 pre-TSS and 13 post-TSS surveys were completed. 5 statements from the survey showed a statistically significant change between pre and post on the 5 point likert scale: Function effectively in an interdisciplinary team (3.72 to 4.23; p=0.04); Identify contributions to patient care that different disciplines can offer (3.72 to 4.46; p=0.01); Strengthen cooperation among disciplines (3.71 to 4.46; p=0.01); Carry out responsibilities specific to your discipline’s role on a team (3.44 to 4.1; p=0.03); Raise appropriate issues at team meetings (3.61 to 4.39; p=0.02); Help draw out team members who are not participating actively in meetings (3.17 to 4.08; p=0.01).

Conclusions: Implementation of an interprofessional clinical experience provides students the opportunity to gain a better appreciation for roles and responsibilities of participating disciplines while enhancing teamwork and collaborations skills.

Presenters
Heather Congdon
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Jana Goodwin
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Authors
Talia Gimeno
Mercy Health Clinic
Abstract Name: How Can We Facilitate IPE Simulation on a Large Scale for Diverse Future Health Care, Public Health, and Research Professionals?

Category
Discussion Group

Theme
Education

Presentation Description

Topic/subject:
This Discussion Group will explore the question: How can we address the challenge of facilitating meaningful IPE simulation on a large scale for diverse future health care, public health, and research professionals?

Background/Rationale:
The stimulus for interprofessional education (IPE) is to address patient safety through collaborative practice among numerous, diverse health care professionals. Collaborative practice can improve communication, continuity of care, and patient- and family-centered care to help overcome the complexities of health care and that of the patients’ health and social determinants of health. Most accreditation standards for health professions programs require IPE and these standards continue to expand. At the University of Arkansas for Medical Sciences, IPE is a graduation requirement for all students, including the Graduate School, Health Professions, Medicine, Nursing, Pharmacy, and Public Health.

Active learning opportunities for immersion in collaborative decision-making and collaborative competency demonstration are essential in IPE. Simulation is an evidence-based, robust form of active learning. However, simulation is a time-intensive, complex educational endeavor, used primarily for small groups of learners. Planning and conducting simulation on a large scale, for a diverse group of health, public health and research professional education programs is particularly challenging. The various programs have cohorts of widely differing size, asynchronous schedules, students on satellite campuses, and distance-education. Most important is the challenge of creating simulation scenarios that are relevant and meaningful across the spectrum of future health care and public health professionals as well as researchers.

Relevant Materials:
Relevant materials include the following:
• Reference materials from the Interprofessional Education Collaborative
• Reference materials about simulation education
• Videos of IPE simulation scenario and post-scenario debriefing.

Facilitation Methods (Plan for Interaction):
This Discussion Group will be highly interactive, sharing lessons and ideas among presenters from our institution and participants. Following a brief overview of our experience, engagement methods will
feature use of moderated Twitter followed by small group discussion and whole group discussion. We plan to use Twitter via a live display. Prior to beginning the workshop, we will ask participants to Tweet about their experience, ask questions, and describe what they hope to take-away from the workshop. The presenters will respond to these comments, questions, and expectations, and encourage participants to subsequently use a real-time Twitter “backchannel” during the presentation and discussion. One of the presenters will serve as the Twitter moderator. The moderator will organize, summarize, post questions, respond to some tweets, and ask for the participants’ feedback about the session. When it adds value to the discussion, for intermittent short periods of time, the moderator will display insightful questions or comments. The presenters will post links to URLs and PDFs. For key topics of discussion, including designing, scheduling, facilitating a scenario, and post-scenario debriefing, the presenters will provide a brief overview and videos. Small groups will discuss questions and videos followed by whole group discussion. We will encourage use of Twitter by a representative of each small group, and we will facilitate verbal discussion among the small groups and the whole group.

Presenters
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University of Arkansas for Medical Sciences
Pamela deGravelles
University of Arkansas for Medical Sciences
Mari Davidson
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Authors
Abstract Name: A practical tool to rate interprofessional behaviors and coach teams for success

Presentation Description

Background/Rationale: Interprofessional education (IPE) literature has focused on identifying core themes that impact patient care and safety, such as effective communication, a clear understanding of roles, and engagement among members of the healthcare team. However, large descriptive studies have not translated these themes into specific behavioral recommendations for interprofessional teamwork. The Relational Communication Scale (RCS) is a 71-item behavioral instrument that uses a 7-point Likert scale to measure bi-directional communication between two people. The RCS has been validated in multiple studies within the healthcare literature and is considered a MedEd Portal “DREAM” tool with a high recommendation for use within medical education and research. The RCS includes domains of: Involvement, Affection, Depth, Trust, Inclusion, Dominance, Composure, Formality, and Task Orientation. The workshop presenters have conducted research using the RCS to observe interprofessional teams of medicine, nursing, occupational therapy, pharmacy, and physical therapy students. The purpose of this research was to identify communication behaviors and their impact on team satisfaction, patient satisfaction, and behavioral characteristics. What has resulted from this work is an opportunity to coach individuals or teams regarding observed behaviors that positively or negatively impacted the team.

Engagement methods: We will train workshop attendees to use the RCS to rate interpersonal team behaviors of members of a student IPE team (medicine, nursing, occupational therapy, pharmacy, and physical therapy) interacting with a standardized patient. Participants will discuss the collective ratings and the utility of the RCS, as well as implications for how the ratings can translate to coachable opportunities for IPE teams. We will also have opportunity for a question and answer time.

Session outline:
• Background – 5 minutes
• Introduction of RCS – 10 minutes
• Description of the presenters experience with RCS – 10 minutes
• Rating of video of IPE team with standardized patient – 10 minutes
• Discussion of ratings with audience – 10 minutes
• Review of how ratings can be used to coach teams – 10 minutes
• Q&A – 5 minutes

Presenters
Gloria Grice
Abstract Name: *Intentional Interprofessional Experiential Education*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background/rationale: The accreditation standards for most healthcare professions require interprofessional education (IPE). In pharmacy, this mandate includes interprofessional experiential education (IEE) components. While examples of IEE have been described in the literature, the intentionality of such activities/programs is not well understood. Students are often embedded within existing teamwork structures to observe/participate, yet not explicitly taught teamwork behaviors in a deliberate manner. In academic year 2015-16, the Experiential Education Section of the American Association of Colleges of Pharmacy formed a task force to explore and advance a more intentional approach to IEE. This group was charged with determining needs and available resources to assist colleges/schools of pharmacy in implementing high quality, intentional IEE.

Methods: The task force developed a definition for “intentional IEE,” then conducted a systematic literature review guided by this definition. Two surveys were then developed to quantify and characterize the types of self-reported intentional IEE activities within colleges/schools of pharmacy nationally. The first was sent to experiential deans/directors to capture institution-specific demographic information. The second was disseminated by experiential directors to their preceptor networks for completion. Lastly, the task force summarized results in the form of a white paper, which included relevant resources as well as recommendations for national associations, colleges/schools, and experiential education administrators.

Results: Intentional IEE was defined as “the explicit effort by preceptors and practice sites to create/foster educational opportunities or activities designed specifically to achieve interprofessional educational competencies.” Thirty-seven articles were identified for potential inclusion in the review; however, all were excluded for not meeting pre-defined criteria. One article was included in the predetermined sub analyses and described a student-led free clinic in which intentional IEE was conducted; however, specific educational outcomes were not reported. Seventy-seven percent of preceptors (n=896) reported offering intentional IEE activities; the majority of which involved pharmacy-nursing collaborations in health system/hospital settings, lasted 9-10 hours, and included observational assessments. Lack of potential partners was cited as the main reason for not offering an intentional IEE activity. The most noteworthy finding was that the majority of intentional IEE activities reported by preceptors did not actually meet the proposed definition.

Conclusions: With expectations for high quality intentional IEE, yet little to no guidance in the literature, as well as a disconnect between how preceptors and academics define IPE and intentional IEE, there is a significant need to enhance efforts in this area. Recommendations for national associations, colleges/schools, and experiential education administrators include specific calls for increasing preceptor
development, promoting research in this area (including grants, publications, and awards), and identifying specific settings for ideal intentional IEE activities.

**Presenters**

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West Virginia University Medicine and School of Pharmacy
Abstract Number: 141

Abstract Name: Assessing the learning needs of a team: Developing needs assessments for interprofessional learning

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Rationale:
Given the growing focus on advancing interprofessional learning for teams of practitioners, educators are increasingly challenged to develop comprehensive educational interventions that optimize interprofessional, team-based learning and care (Reeves et al, 2008; 2013). An essential step in planning any effective educational intervention is the implementation of a rigorous and informative learning needs assessment (Office of Continuing Education and Professional Development, University of Toronto, 2009). While evidence-based approaches exist for conducting needs assessments for single profession initiatives, there is a dearth of practical tools for assisting educators to truly incorporate interprofessional approaches and lenses in the comprehensive assessment of learning needs of interprofessional teams. This is an underdeveloped area of expertise and one that requires attention to optimize the considerable educational efforts and resources targeted to improving interprofessional learning for the benefit of health outcomes for the patients served.

Method/methodology:
To address this gap in the literature, education leaders from three academic health sciences centres convened to develop a set of actionable tips for conducting interprofessional needs assessments. Tips were created drawing from both educational literature and best practice in interprofessional education and care, as well as a wide range of lived experiences. The tips were incorporated into a tool and shared during a faculty development workshop where initial feedback was gathered and subsequently incorporated regarding applicability. The tips list was also circulated for peer review with selected education experts within the authors’ home organizations for additional comments and suggestions.

Results/outcomes:
The top tips tool for assessing the learning needs of a team has been refined with a focus on the distinct interprofessional considerations when conducting team-based learning needs assessments. Feedback to date suggests that the tips are helpful and actionable, and detailed application at one hospital site indicates that interprofessional learning needs can be effectively accessed using the tips to support the needs assessment process. The tips clearly articulate key considerations in many areas including but not limited to: how to plan for effective engagement of all relevant team members throughout learning needs assessment phases; how to integrate and role model interprofessional learning and collaboration in the learning needs assessment processes; strategies for considering unperceived or misperceived learning needs of the team; how to shift the focus of learning needs assessments from multiple distinct voices to collective interprofessional learning priorities; and how to
leverage engagement in the interprofessional learning needs assessment for sustained interprofessional learning and care.

Conclusions:
The interprofessional learning needs assessment tool is a practical guide for clinician teachers, educators and others working to develop and implement a robust, informative and actionable team-based educational needs assessment for team-based educational engagement and interventions. Through careful consideration of the key tenets of learning needs assessment with an explicit interprofessional focus, educators can set a strong foundation for team-based learning and care.

Presenters
Mandy Lowe
University Health Network
Elizabeth McLaney
Sunnybrook Health Sciences Centre

Authors
Judith Peranson
St. Michael’s Hospital; Department of Family and Community Medicine, University of Toronto
Abstract Name: *Interprofessional Master of Science in Palliative Care: How can Education Bridge the Gap between Primary and Tertiary Palliative Care?*

**Presentation Description**

**Background:**
Palliative Care (PC) is an interprofessional discipline with a role for most health professions. High quality secondary PC in community settings, where needs often exceed the skill of primary care providers and access to PC experts, is scarce. Furthermore, the current workforce pipeline for PC providers is dramatically inadequate to meet the national need – exacerbated by the fact that many potential providers develop their interest later in their careers when it is difficult to relocate for the limited available training opportunities. In response to this need, we developed an interprofessional Master of Science in Palliative Care (MSPC) at the University of Colorado Anschutz Medical Campus. The MSPC is a hybrid program offered primarily online with on-campus weekend intensives. Faculty and course content are sourced from nursing, medicine, pharmacy, bioethics, social work, spiritual care, psychology, and communication disciplines. The inaugural cohort (2016-17) consists of nurses, pharmacists, physician assistants, and physicians (16 students) and will be expanded to include social workers, spiritual care providers, psychologists, and counselors.

**Method:**
The MSPC is a 2-year, 36-credit-hour curriculum spanning six semesters. Courses with on-campus intensives are 5 weeks; fully online courses are 8 weeks. Each weekly module of the online curriculum begins with a 5-10 minute patient/family/provider dialogue representing various scenarios on the illness trajectory. The cases demonstrate communication skills and illustrate learning points. Additionally, each week has two learning modules: a biomedically-focused topic and a related psycho-social-spiritual-ethics topic. Students participate in all coursework together. Education is provided using a mix of pedagogical methods including readings, videos, Quizlets, knowledge checks, and narrated lectures. Student assignments vary from reflections and discussions to interprofessional group projects (e.g., case-based integration of topic materials). On-campus intensives are devoted primarily to communication skills training and acquisition. Concepts and tasks demonstrated and discussed online are practiced with simulated patients and videotaped; immediate feedback is provided. Other on-campus topics include: working as an interprofessional team, using simulated tasks common in PC clinical care, and self-care strategies. The modules are identical for each profession, with some differentiation in application activities for biomedical-based professions versus social-based professions. We will demonstrate curricular elements during the presentation.

**Outcomes:**
Program evaluation uses a mixed method program evaluation process including learner self-assessments on 39 PC skills/tasks before, during, and after the program’s formal training; self-reports on
type/amount of PC in their practice; and standard course evaluations. Learning is evaluated by communication skills exercises with standardized patients, semi-structured interviews and other methods.

Conclusions:
Our interprofessional PC Master’s program, designed and delivered by an interprofessional faculty, fills a gap in the national PC workforce pipeline. It is the first program in North America to specifically address the need for secondary PC providers. We will present preprogram implementation and post first year data to demonstrate program effectiveness.

Presenters
Amos Bailey
University of Colorado Anschutz Medical Campus

Authors
Shaun Gleason
Co-director, Master of Science in Palliative Care Pharmacy
Regina Fink
Co-director, Master of Science in Palliative Care Nursing
Kelly Arora
Co-director, Master of Science in Palliative Care Allied Health Professions
Mark Earnest
Division Head, General Internal Medicine University of Colorado Denver
Interprofessional Collaboration (IPC), the practice by which at least two disciplines work together to provide quality health care to patients, is encouraged in medical and educational settings. Within the framework of IPC, health care disciplines work together to develop shared goals and outcomes for their patients. Traditionally, the approach used when treating patients has been for disciplines to work in isolation, identifying unique discipline-specific goals for each individual patient and implementing treatment plans with minimal consultation or involvement from other disciplines (Hall, 2005; Rice, Zwarenstein, Conn, Kenaschuk, Russell & Reeves, 2010); unfortunately, that is a model that no longer proves effective or efficient. In order to improve the quality of health care, reduce patient costs, and ensure accountability of all disciplines (Molyneux, 2001), more academic programs must embed within their curriculum opportunities for student clinicians to learn about and from other health care professions. Student clinicians working through their respective health care programs are frequently encouraged to work collaboratively with their colleagues in related professions; yet, in the pre-practice setting student knowledge and development of effective team-based interpersonal skills cannot be assumed. Within quality interprofessional education (IPE) activities, students must be directly instructed, provided collaborative models and engaged in meaningful, interactive clinical experiences that will ultimately improve health care services.

This pilot project investigated the benefits of an interprofessional education (IPE) experience for graduate students in two disciplines (Speech-Language Pathology and Physical Therapy). Thirty-two students from the two disciplines were recruited to participate in this IPE experience. All students completed a version of the Readiness for Interprofessional Learning Scale (RIPLS) adapted by Latrobe Community Health Service (2009) and viewed a brief, 15-20-minute video about IPE principles. Following completion of the survey and video viewing, 16 students were randomly assigned to the ‘IPE experience group,’ and 16 students were assigned to the ‘control group.’ Students assigned to the ‘IPE experience group’ participated in two, two-hour training sessions designed to teach the students about IPE. The two-hour training sessions were conducted on two different days. During the training sessions, students participated in case-based learning designed to teach them how to make team-based decisions using a patient-focused approach. The students in the ‘control group’ received no further training on IPE. Following completion of the training sessions, the students in the ‘IPE experience group’ and ‘control group’ completed the post-event RIPLS survey.

Presenters
Mary Harmon
Authors
Abstract Name: Scoping Review of Interprofessional Teamwork Theories in Healthcare: Implications for Policy, Practice and Research

Category
Oral Presentation

Theme
Policy

Presentation Description

Background/rationale:
Many authors have reported a lack of theory used in the interprofessional field, and some authors have found minimal explicit use of theories in the design of interventions. As a theoretical underpinning is essential for advancing research interprofessional teamwork, a scoping review was undertaken to examine the theories used in academic published work in interprofessional teamwork in healthcare over the past ten years, while highlighting trends in theoretical thinking of conceptual paradigms. Given the conceptual challenges identified in the interprofessional field on teamwork, it is important to further understand the theoretical trends, evaluate the interventions, and impact on outcomes. A conceptual model encompassing multiple theoretical frameworks was proposed to facilitate policy, practice and future research by relating theory to interventions and outcomes.

Method/methodology:
The review examines the underlying theoretical perspectives used and discussed on interprofessional teamwork in healthcare in the academic literature from 2004 to 2014. The criteria for selection of academic articles were based on relevance of theory that provided further breadth or depth on the various theoretical perspectives. The review found 56 articles from four databases (CINAHL, Medline, Scholar’s Portal and Web of Science), including 10 hand-selected articles published in English relevant to the topic.

Results/outcomes:
A content strategy approach was used to categorize the theories, interventions, and outcomes. The literature revealed a trend moving away from single theories into multi-faceted theories. A significant number of articles focused on social or psychological theories (71.4%) and half focused on learning theories (51.8%), organization theories (50%) and system theories (53.6%). Although contribution of organization and system theories have become more popular in recent years, there was insufficient evidence on the use of these theoretical frameworks to support findings. There were more articles on interprofessional education interventions (85.7%), compared to interprofessional practice (42.9%) or organization interventions (42.9%).

Most articles discussed learner outcomes (82.1%), compared to provider outcomes (41.1%), system outcomes (33.3%), and patient outcomes (69.6%). It was commonly argued that interprofessional teamwork plays an important role in improving healthcare services and patient outcomes. Many articles reported the importance of patient outcomes as the driving force for teamwork; however, there is a lack
of evidence to support this notion in the academic literature. Since the impact of interprofessional education in professional practice and healthcare outcomes has not been demonstrated; further research is needed on teamwork effectiveness, including measurement and evaluation of patient and system outcomes.

Conclusion:
Based on the scoping literature review, a conceptual model was developed to align interventions with theory to outcomes, which considers four broad theoretical perspectives highlighted herein (learning, social-psychological, organization, and system), interventions at various levels (patient, profession, micro, meso and macro) and measurement of outcomes (professional/team, clinical/quality, and organization/system). This framework identifies various theories, interventions, and outcomes, which will help direct policy, practice and research in matching the appropriate theories to interventions and outcomes. The framework proposed will facilitate the development of multi-faceted theoretical perspectives which are necessary to transform healthcare delivery system and advance interprofessional teamwork that will improve professional/team, clinical/quality, and organization/system outcomes.

Presenters
Grace Liu
York University
Peter Tsasis
Associate Professor of Management, Faculty of Health and Faculty of Liberal Arts and Professional Studies, York University

Authors
Abstract Name: A Rural Pharmacy Role-Emerging Placement, Considering Collaborative Relationships

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale

In 2013 the Ontario government approved a transition to a Doctor of Pharmacy (PharmD) degree as the entry-to-practice standard for pharmacists. This led to an increased need for student clinical placements. Role-Emerging Placements (REPs) have been recognized as a potential solution to some challenges of health care learning. REPs can offer diverse learning experiences, promote role expansion while addressing a shortage of “role established” placements, and responding to health-care reforms. Croker and Hudson have suggested that considering the nature of the collaborative relationships of educators may provide insight into successful transferability of rural initiatives in interprofessional education.

Method/methodology

The University of Waterloo School of Pharmacy and the Northern Ontario School of Medicine (NOSM) have entered into a collaborative arrangement to create interprofessional rotations at the end of the PharmD program. The newest pharmacy school in Canada emphasizes communication, collaboration and problem solving during experiential learning with a co-op program in addition to the final fourth year clinical rotations. NOSM is Canada’s newest medical school, involving many distributed clinical learning sites including Aboriginal, remote, rural, and urban practice. In particular NOSM is built upon a Longitudinal Integrated Clerkship structure.

Building upon the experience of interprofessional rotations in larger urban settings in Northern Ontario, a pilot project on Manitoulin Island has been developed. The rotation is designed as a collaborative longitudinal rotation between 4 local partners: the Manitoulin Central Family Health Team, the Manitoulin Health Centre, the M’Chigeeng Health Clinic, and Noojmowin Teg Health Centre, along with the Regional Clinical Coordinator based in Sudbury. The rotation is designed for educational opportunities with medical students from NOSM as well as with western interprofessional and traditional interdisciplinary providers.

Results/outcomes

Rural educators utilized their experience with the longitudinal integrated clerkship model in the
The in-service learning pharmacy student will have been involved in activities such as individual patient encounters, group interprofessional rounds, chart audits and adaptation and implementation of patient order sets. This REP has also been designed for active Knowledge Translation: individual presentations, as well as co-presentations with traditional healers, to health practitioners and to patients. Key throughout this learning experience is the opportunity to learn about traditional Anishinabek culture and healing methods. The educators will consider how an enhanced understanding and integration through Degohnegaadeh (blending) of Traditional and Western healing approaches may offer an opportunity for more holistic and culturally safe care of individuals and communities.

Conclusions

The interdisciplinary educators will share the successes and challenges of this rural pharmacy role emerging placement. Recognition of the nature of the collaborative relationships is a significant consideration for communities as they expand upon interprofessional and interdisciplinary opportunities. This role-emerging placement is a longitudinal integrated curriculum between a hospital, a family health team, and Indigenous health services.

Presenters

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Northern Ontario School of Medicine
Kaitlin Bynkoski
The University of Waterloo School of Pharmacy

Authors

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Manitoulin Central Family Health Team
Leah Migwans
M'Chigeeng Health Centre
Andrea Wong
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Tammy Maguire
Noojmowin Teg Health Centre
Frances Kilbertus
Northern Ontario School of Medicine
Abstract Number: 148

Abstract Name: Creating a Culture of Safety: Training Doctor of Nursing Practice Students and Medical Residents in Team-Based Quality Improvement

Category
Oral Presentation

Theme
Education

Presentation Description

Background: Team training improves the safety and effectiveness of healthcare delivery (Hughes et al., 2016; Cox et al, 2016). Interprofessional education for graduate nursing and medical trainees focused on patient safety and quality improvement is needed to prepare them to work together to deliver high quality care, yet few such programs exist (Brienza, Zapatka, Meyer, 2014). The Creating a Culture of Safety: University of Virginia Curriculum for Interprofessional Education for Patient Safety and Quality Improvement (UVA IPE PSQI) is a three year Health Resources and Services Administration (HRSA Grant # D09HP26942)-sponsored program that brings together a team of clinical and quality improvement experts (nurses, physicians, pharmacists, and leaders in public health, business, and hospital administration) to educate Bachelor of Science in Nursing – Doctor of Nursing Practice (BSN-DNP) students and medical residents to work effectively in interprofessional team-based quality improvement initiatives.

Methods: The UVA IPE PSQI program incorporates five primary training modalities: 1) eleven 2-hour DNP student/medical resident PSQI workshops, 2) eighteen 90-minute DNP brownbag seminars covering a wide range of teamwork, leadership, PSQI, change management, and business topics led by a team of faculty and clinicians from multiple professions, 3) ten PSQI project development workshops for DNP students, 4) four clinically relevant IPE simulations for medical residents and DNP students which challenge current practices, and 5) six nationally and internationally recognized IPE PSQI invited speakers events. The curriculum also includes completion of team-based PSQI DNP capstone projects. Outcomes assessments include pre-post testing of teamwork attitudes (TeamSTEPPS Teamwork Attitudes Questionnaire) and quality improvement skills (Quality Assessment and Improvement Self-Assessment Tool). A written Objective Structured Clinical Examination (OSCE) is used to measure improvement in DNP student IP PSQI project design skills over the second year of the program prior to their capstone proposal defense. Finally, DNP student IP PSQI capstone projects were objectively assessed using the Quality Improvement Assessment Tool.

Results: The first cohort of seven DNP students completed the entire curriculum, along with 24 medical residents who participated in the DNP/resident workshops, the IPE simulations, and two out of the six invited speaker events. Evaluations have been uniformly positive about the quality of their learning and the applicability of their growing teamwork and quality improvement skills to future leadership in practice. Results from pre/post testing of teamwork attitudes and QI skills, along with the quality for DNP capstone projects demonstrate that this curriculum is effective in developing measurable improvements in IPE PSQI skills.

Conclusions: The overwhelmingly positive feedback from the trainees coupled with measurable of skills
improvement support the effectiveness and the necessity of this IPE PSQI training for graduate nursing students and medical residents. The introduction of IPE PSQI programs in graduate nursing and medical education prepares nurses and physicians as leaders in the complex care environment. Teaching trainees to apply interprofessional principles to promote patient safety and quality in vulnerable populations is an essential component of clinical training and forges a bridge to interprofessional collaborative practices.

Presenters
Valentina Brashers
University of Virginia
Valentina Brashers MD, FACP, FNAP
University of Virginia School of Nursing

Authors
Marianne Baernholdt PhD, MPH, RN, FAAN
Virginia Commonwealth University School of Nursing
Christine Kennedy PhD, RN, FAAN
University of Virginia School of Nursing
Abstract Name: *The Growth of Interprofessional Education at the Mississauga Academy of Medicine and Trillium Health Partners*

**Presentation Description**

**Background:**
The role of effective interprofessional collaboration in optimizing patient outcomes has been recognized by health organizations and educational institutions worldwide (1). At the University of Toronto (U of T), medical students are required to participate in a minimum number of IPE electives designed to provide hands-on opportunities to learn “about, from and with” trainees from diverse healthcare fields (2). Whereas most medical learners at the University of Toronto are affiliated with the St. George campus located in downtown Toronto, a quarter of U of T medical learners belong to the Mississauga Academy of Medicine (MAM) located west of Toronto on the Mississauga campus. Although both subject to the same IPE requirements, St. George and MAM students draw on different educational resources and engage in learning activities at different facilities and teaching hospitals. Ensuring that all students have similar opportunities to participate in IPE electives can therefore be challenging. Recent anecdotal evidence from students revealed a discrepancy between the IPE experiences of MAM and St. George students and a lack of understanding of the unique organizational and logistical aspects of IPE delivery in the more remote Mississauga setting. These findings prompted an investigation into the needs of MAM students to equalize and optimize the student IPE experience across the distributed medical education setting at the University of Toronto.

**Methods:**
A needs assessment will be performed on the first-year class at the Mississauga Academy of Medicine by means of a standardized survey. Students will be asked to identify the barriers that hinder their participation in electives, give feedback regarding the quality of existing electives, and provide suggestions to improve the organization and delivery of IPE.

**Results:**
Student input revealed that while diverse IPE elective opportunities exist downtown, a limited number of electives are offered at the Mississauga-based health network, Trillium Health Partners (THP). Students also identified a need for designated IPE management at THP to improve the organization and scheduling of electives. Finally, students reported that the time and cost constraints associated with commuting were the main barriers to their participation in electives downtown. In response to the identified needs, the number of electives offered at THP was increased by over 200%. A dedicated THP IPE administrative team was assembled, leading to streamlined delivery of electives and an enhanced ability to respond to evolving needs of MAM students. Lastly, accommodations were made as necessary for MAM students to be able to travel to electives held downtown.
Conclusion:
Delivering IPE to medical learners across different campuses can be challenging. The varying IPE experiences of MAM and St. George students give insight into the need to tailor IPE to the specific educational setting. The results of the survey and subsequent changes demonstrate the value of student input in identifying and addressing barriers to effective IPE. Needs assessments should be administered on a regular basis to facilitate continuous growth of IPE at THP. Future studies involving the medical learners at the St. George campus may help identify existing gaps in IPE for this population.

Presenters
Imaan Kara
University of Toronto

Authors
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Alicia Lozon
Trillium Health Partners
Abstract Number: 151

Abstract Name: Managing Changes in Interprofessional Collaboration Culture – Our Story of Leadershifts

Category
Interactive Poster

Theme
Leadership

Presentation Description
Interprofessional education (IPE) and collaborative practice are key to improving patient care, decreasing patient harms, and increasing efficiency in our health system. Dalhousie University has the largest portfolio of health profession schools in Canada. The extensive array of health disciplines and the recent opening of our Collaborative Health Education Building (CHEB) provided a timely and necessary driver of Interprofessional (IP) collaboration change and growth within our institution. The CHEB provided the impetus for leadershifts and propagation of change management throughout our health profession schools. The resultant initiation of culture change has served as both an opportunity to harness valuable resources as well create the need for a management network of professionals willing to work together to design and deliver education in a collaborative interprofessional manner. To ensure the efficient use of existing (but limited) resources to support and design innovative IPE experiences, multiple levels of leadership collaboration and development was required.

The formation of a governance structure was needed to guide the transformative and integrated actions. The Tri-faculty deans (Dentistry, Health Professions, and Medicine) agreed on the high-level operational structures informed by data from a series of retreats (over several years) which engaged key faculty leaders in IPE. The retreats provided key themes and strategic directions to drive the network collaboration and development of sustainable IPE structures and processes. The collated retreat data analysis provided clear direction that provided guidance in creating a new institutional framework – including a curriculum oversight committee and an operations advisory committee.

The Interprofessional Education Coordinating Committee (IPECC) was created, with designated champions representing at least one of the more than 20 health disciplines at Dalhousie. IPECC has a Tri-faculty executive, that reports to governance. The IPECC, meets monthly and has multiple working groups that review and provide oversight and input into IPE curriculum design, evaluation and research.

For operational needs, the Operational Advisory Committee (OAC) was developed with broad representation of faculty members and CHEB staff. It communicates with the IPECC and is chaired by the Managing Director, a newly created position with funding from a budget created by governance which resides in the Center for Collaborative Clinical Learning and Research (CCCLR—part of the CHEB). The role of the CCCLR Managing Director is to provide vision, creativity, and strong organizational skills to push collaborative IPE forward, in a non-biased manner.

To date, there have been numerous challenges, but great successes in newly formed collaborations and
emerging scholarly work. Overall the new framework and leadershifts have been effective with and resulted in change at all levels of education in our institution.

This presentation will document the timelines, resources required, and framework required to develop a successful IPE environment in an institution. Important indicators of success and lessons learned will be detailed and shared during the session.

Presenters
Stephen Miller
Dalhousie University Center for Collaborative Clinical Learning and Research/Dalhousie University Faculty of Medicine
Diane MacKenzie
Dalhousie University Faculty of Health professions, School of Occupational Therapy
Brenda Merritt
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Leanne French-Munn
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Cynthia Andrews
Dalhousie University Faculty of Dentistry

Authors
Abstract Name: *Graduate Students’ Attitudes and Perceptions Towards Interprofessional Learning*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background: In the United States and globally, research on interprofessional learning and education has primarily focused on undergraduate programs, intervention-based programs (pre- and post-test), and clinical programs. Much research has also been conducted where students are required to engage in clinical training with students from different healthcare disciplines. While it is important to understand the perceptions of undergraduate students and of those who are enrolled in clinical programs, efforts should also be made to examine attitudes of graduate students who are enrolled in Master’s or doctoral health care programs towards interprofessional learning. The purpose of this study was to explore attitudes of graduate healthcare students towards interprofessional learning and to examine differences in these attitudes and perceptions among healthcare graduate students from differing university health programs.

Methods: A quantitative survey (online) was sent to students enrolled in graduate healthcare programs at a health sciences university. This survey consisted of 4 subscales: Teamwork and Collaboration, Negative Professional Identity, Positive Professional Identity, and Roles and Responsibilities. While students enrolled in Master’s and doctoral programs were eligible to participate in the study, students enrolled in clinical programs were excluded from the current study.

Results: Students from 8 health sciences disciplines participated in the current study. The survey yielded an 85.54% (n=296) response rate. The majority of participants were females (63.4%) while 36.6% of the total respondents were males. The median age of the participants was 38 years, while the median length of time spent by participants in their graduate health programs was 23 months. The median length/duration of professional experience was 12 years and ranged from 1- 40 years. All the subscales, including the total score, were tested for normality via the Shapiro-Wilk test (p=.00 for all the variables), which indicated each of these variable was not normally distributed. The median score on Teamwork and Collaboration scale was 38(IQR=8); and minimum and maximum scores were 9 and 45 and 9, respectively. The median score on Negative Professional Identity scale was 12 (IQR=3) with a minimum score of 3 and a maximum score of 15. The median score on the third subscale, Positive Professional Identity, was 16 (IQR=3), and ranged from 4-20. The median score on the fourth subscale, Roles and Responsibilities, was 11 (IQR=4), and minimum and maximum scores were 3 and 15, respectively. Review of scores on subscales suggested that students in different health programs considered team work and collaboration important to function in healthcare.

Conclusion: Results suggested that graduate students valued and appreciated shared learning
experiences and collaboration between team members. Implementation of interprofessional learning modules may also enhance understanding of the work of other health professionals which could result in better patient care. These findings could help graduate healthcare programs and educational institutions as they advance towards implementing interprofessional educational curricula.

Presenters

Jitendra Singh
A T Still University
Helen Salisbury
A T Still University

Authors
Abstract Name: Building a culture of collaboration across a large geographically dispersed academic organisation

Topic/subject
Extending a culture of collaboration from ‘grass roots’ enthusiasts to staff at multiple levels of a widely dispersed academic organisation, not only to design and deliver interprofessional education (IPE) components but also to foster interschool, interfaculty collaborative governance and collegiality.

Background
The Division of Health Sciences at the University of Otago encompasses three main campuses, several smaller teaching and learning sites, and four schools or faculties running nine different health professional degree programmes. Although there is a history of research collaboration across schools, collaboration between teaching programmes across the range of health disciplines has been lacking. Extensive consultation with staff in the Division revealed a predominant climate of low awareness and in some cases mistrust, about degree programmes in other health disciplines, despite general support in name for interprofessional education.

The set-up of an initial Divisional interprofessional working group was modelled on that already developed by a small informal group of committed staff at one campus site, where a culture of collaborative, interprofessional teaching and learning was successfully fostered using a staff development framework (1,2). Collective acquisition of new interprofessional teaching skills in teaching teams has subsequently helped build a culture of collaboration in several geographically dispersed teaching and learning sites that reaches beyond the tutorial room into other fruitful, collaborative clinical and academic activities (3).

Our work-in-progress experience has used the Division-wide core group dedicated to IPE objectives, to leverage institutional attention and resources. With recent high-level support from the Dean and senior executive, a newly established IPE Centre now faces the next challenge of extending a culture of collaboration from ‘grass roots’ enthusiasts to staff at multiple levels of a widely dispersed organisation, not only to design and deliver IPE components but also to foster interschool, interfaculty collaborative governance and collegiality. This ‘wicked problem’ challenge forms the basis for the discussion group to work on.

Facilitation methods (describe your plan for interaction)

• In this discussion group, the group as a whole will first discuss what a ‘culture of collaboration’ is, and what implications such a culture might have for a large organisation that has not traditionally collaborated across teaching programmes.
• Participants will then be asked to share ideas and strategies for extending (or not) such a culture of
collaboration. (flip charts/whiteboard)
- Smaller groups of 2-3 people will consider a range of possible scenarios e.g. interprofessional staff development. (pre prepared)
- Wrap up plenary and reporting back to larger group

Relevant materials

- Short presentation (power point)
- Whiteboard and flip charts x 5
- Pre-prepared scenarios (laminated cards)

Presenters
Sue Pullon
University of Otago Wellington

Authors
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Margot Skinner
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Dept Primary Health Care and General Practice, University of Otago Wellington
Abstract Number: 157

Abstract Name: Best Practices for Faculty Development using Simulation to Facilitate IPE Learning

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale: Faculty development is essential to sustainability of Interprofessional Education (IPE) efforts. The importance of engaging faculty in the interprofessional education activities both for evaluation and as role modeling cannot be underestimated. Yet, minimal research has been done to understand best practices related to faculty development to facilitate IPE learning. One effective methodology for teaching students about IPE is simulation and it is well documented in the literature that the primary learning for students occurs in the debriefing experiences. In order for the debriefing experience to be effective faculty should be aware of various models of debriefing and key concepts related to debriefing. In most cases faculty experiences have been primarily in uniprofessional simulations. In IPE experiences faculty are being asked to facilitate simulation activities across professions with minimal instruction regarding models and best practices for debriefing these interprofessional experiences. An ideal interprofessional simulation would include faculty participating in co-debriefing with other health professions. This shared leading of the debriefing experience adds to the complexity of the task for faculty and requires a different set of knowledge and skills from single profession debriefing.

Methods: This presentation will provide best practices for faculty development for simulation of interprofessional activities within a primary care setting. An exemplar of faculty development using co-debriefing experience will be presented. This experience included faculty actively participating in a simulated patient experience to learn co-debriefing skills. The unique component of this faculty development event was the opportunity for faculty to participate in an actual simulated patient experience with a primary care focus as both learner participants and in the role of co-debriefer. During this presentation models of debriefing including a focus on advocacy/inquiry will be discussed as well as the discussion of the complexities of co-debriefing. Exploration of the benefits and challenges of different models of debriefing to facilitate ideal IPE learning will be explored.

Results/outcomes: Data from the faculty development event indicated that participants felt that they had benefited from the experiential experience of simulation and that they would be able to utilize these skills in their own setting. Examples of the simulation experiences will be presented during the discussion.

Conclusions: Future research needs to focus on the types of faculty development experiences that help faculty to facilitate interprofessional simulation and precepted experiences in a way that supports team learning. Engaging faculty as participants in a simulation experience has the potential to expand their knowledge and skills related to co-debriefing of interprofessional student activities both in the simulation environment and the clinical setting.

Presenters
Katherine Dontje
Michigan State University
Mary Kay Smith
Michigan State University

Authors
Lynn Sinclair
Toronto
Deb Young
Michigan State University College of Osteopathic Medicine
Abstract Name: Developing and Evaluating an Interprofessional Healthcare Ethics Graduate Course: Lessons Learned

Category
Oral Presentation

Theme
Education

Presentation Description

Background/Rationale: Developing and implementing a healthcare ethics course to be offered across multiple disciplines and two different institutions is a challenging task. Balancing student schedules, logistics, locations, topics, content, credit hours, and faculty workload across programs can present significant barriers to interprofessional collaboration. Organizational culture and work flow processes may also be different, resulting in the need to seek creative solutions. Two institutions (a medical school and an allied health college) have implemented such a course for 8 years and have found ways to overcome these barriers.

Methods: The course was developed iteratively by a group of faculty representing several disciplines (graduate programs in nursing, medicine, physician assistant, occupational therapy, bioethics, health administration). Enrollment involved approximately 130 students from these disciplines. We will describe the history, adaptations and changes associated with course evolution. For example, the course has changed from a strictly on-ground format to a strictly online format to its current hybrid structure involving both online and in-person components. The most recent iteration involved two parallel courses that delivered nearly identical content, with one course featuring a hybrid model and the other an on-ground format. This latest iteration also involved cross-disciplinary interaction by students using a new format, the “Healthcare Ethics Team Challenge,” which featured the opportunity to analyze a clinical case along with our hospital ethics committee. The primary method of course evaluation across all formats was via 1) student performance on course quizzes; 2) a collaborative healthcare ethics case study and 3) student feedback on end-of-course evaluation forms.

Results/Outcomes: Students performed well on course quizzes and case studies, with only 1-2 remediation procedures needed during each year of the course. Various levels of student engagement in prototypical online course mechanisms (e.g., chat rooms, asynchronous learning materials, features of the Blackboard course management system) were noted. Students were generally positive toward the course but had definite recommendations concerning course structure, requirements, faculty performance and interaction with other students. A common theme was a need to ensure adequate opportunity to explore course content in-depth with faculty members who were experienced in applied clinical ethics.

Conclusions: The success of an interprofessional healthcare ethics course can be impacted significantly by course structure, content delivery mechanisms and willingness of faculty to seek creative solutions to short- and long-term challenges.
Learning objectives: The objectives for the interprofessional bioethics course will be shared with participants. At the conclusion of this session, participants will be able to 1) describe the steps necessary to create an interdisciplinary healthcare ethics course; 2) explain the strengths and challenges associated with online, on-ground and hybrid models of curriculum delivery; and 3) discuss methods of obtaining meaningful student feedback/course evaluation data that contribute to continuous course adjustments.

References:

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Abstract Name: Factors that impact the success of interprofessional education in authentic, clinical learning environments

Purpose:
Educators designing interprofessional education (IPE) opportunities are challenged to find authentic, clinical learning environments that mimic interprofessional care. We are training health professions students for a reality that rarely exists in practice. The Vanderbilt Program in Interprofessional Learning (VPIL) is a longitudinal program that places teams of medical, nursing, pharmacy and social work students in a clinic setting one half-day a week over a two-year period. Between 2010-2016, we have placed 67 teams in 43 unique clinical settings. Our clinic placements represent community-based and hospital-based primary care, hospital-based specialty care, emergency departments and inpatient units. Despite success with the VPIL program overall, the attrition rate associated with the clinic sites is high. During the past 7 years, approximately 13% (9 teams) had to be reassigned mid-program due to preceptor and/or clinic level issues. And, of the sites that completed the full two-year program, 50% decided to accept a second cohort. The variability in “success” has allowed us to develop a systematic model for identifying barriers and determining factors that contribute to a strong IPE learning environment. The purpose of this study is to systematically explore what individual and system factors impact the development of an effective IPE learning environment.

Methods:
A retrospective analysis of each clinic site is conducted by exploring basic demographic data, historical events, administrative decision-making, preceptor characteristics, student/faculty feedback, and program evaluations. In addition, two indicators of success that have a direct impact on the scalability of the program are whether a clinical site completes the full 2-year cycle and if they accept a new team of VPIL students from a subsequent cohort. By observing sites from multiple perspectives, we identified a set of factors associated with successful and unsuccessful IPE clinical environments.

Results/Lessons learned:
We observed four types of continua associated with success: patient interaction, preceptor engagement, professional representation, and collaborative perspective. Patient interaction includes both the quantity and quality of patient to student team interactions. Preceptor engagement refers to the degree to which preceptors interact with students. Professional representation refers to the different professions working within the clinic. A collaborative perspective refers to how the clinic professions interact.

Unanticipated successes include observations that some of our strongest IPE experiences exist in clinics
without interprofessional representation. In these cases, student teams brought the interprofessional perspective to an open environment facilitated by the preceptor. Unanticipated barriers include the presence of additional learners. For example, the program leaders assumed that upper level learners, serving as near-peer mentors would strengthen the learning environment. However the training needs of more senior learners were often given higher priority, resulting in less preceptor time for the student teams.

By systematically observing factors that impact the success of IPE clinical settings, we are better able to implement effective recruitment strategies, predict success and troubleshoot barriers. Continual refinement of our model will help mitigate the significant faculty and administrative time necessary to sustain clinical sites as well as identify more opportunities for rich IPE experiences that may not be inherently interprofessional.

**Presenters**

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Abstract Number: 165

Abstract Name: The utilization of a two-part simulation to engage professional health care students in the provision of collaborative care of a geriatric patient with dementia

Category
Interactive Poster

Theme
Education

Presentation Description

Background:

According to the Framework for Action on Interprofessional Education and Collaborative Practice, the introduction of multidisciplinary teamwork should begin within the professional education. Simulation has been shown to promote interprofessional collaboration within healthcare teams and when carefully designed, meets the criteria for interprofessional education. The Clinical Simulation Center at Radford University has been developing interprofessional simulations to correspond with the curricular needs of the physical therapy and nursing programs. A two-part simulation experience engaged students in the collaborative care of a home bound patient diagnosed with dementia and new onset insulin dependent type II diabetes. To provide the simulation in a time efficient manner within the curriculum, students participated within interprofessional teams. Each student actively participated in the care of the patient in one session. In the alternate session, students observed the care of the patient and provided feedback regarding the interprofessional collaboration and communication during debriefing.

Methods:

The purpose of this study was to explore the influence of an interprofessional simulation experience on understanding roles and responsibilities of healthcare professionals in the home setting, beliefs towards interprofessional collaboration, and comfort with communication. The study utilized a sample of convenience including 28 professional physical therapy students and 25 professional nursing students from two institutions in Southwest Virginia. All students completed a pre and post simulation survey regarding their perceptions of interprofessional teams using the Interprofessional Socialization and Values Scale (ISVS). The ISVS measures beliefs towards collaborative practice in healthcare. The 34 item survey is divided into three scales: 1) self-perceived ability to work with others, 2) value in working with others, and 3) comfort in working with others. The outcomes of the two surveys were analyzed utilizing a Wilcoxon matched pairs test.

Results:

There was a statistically significant improvement in three categories of ISVS in both parts of the scenario when all students were included in the analysis; ability to work with others, value in working with others, and comfort in working with others (p<.002). In part one of the scenario, participants
demonstrated significant improvements in all three categories (p< .001), however, observers only improved in categories 1 and 3. Interestingly, in part two of the scenario, the improvement in each of the three categories was greater in the observers versus the participants. In addition, participants did not demonstrate a significant improvement in the second category, value in working with others. In part two, there was a change in medical condition of the patient requiring a physician’s consult and transport to a hospital facility. It was noted by faculty that one profession often took the lead in the physician consult and initiation of the transport. In debriefing, observers reported they felt the decision was made by the health care team, although one profession was chosen to carry out the plan.

Presenters
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Radford University

Authors
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Abstract Number: 170

Abstract Name: Together We Care: Building & Sustaining a Model of Interprofessional Care at the Veterans Care

Category
Interactive Poster

Theme
Practice

Presentation Description

The Sunnybrook Veterans Centre is home to 474 Canadian Veterans who require long term or complex continuing care. A model of Interprofessional Care was developed through interprofessional collaboration and consultation to support the strategic direction of assisting every resident in achieving his/her best life experience through individualized and innovative approaches to care. There was recognition that different care and documentation processes had developed on the 16 different care units based on different staff, physician and unit manager preferences. This made it more challenging for interprofessional health care providers who covered more than one unit to understand, adapt and comply with the nuances of each unit and know their role in helping resident achieve his/her goals. High quality, safe care is supported by care delivery and communication systems that are clear and consistent. This care model was developed over several years using strategies such as Deep Democracy (Myrna Lewis) to resolve the tension between flexibility and coherence, focus groups, small interprofessional working groups and finally engagement of the Veterans Centre Interprofessional Practice Council with front-line staff from all units.

The implementation of this model required building a culture of engagement, support, respect and inclusiveness of residents, their families and staff at all levels. It also required enhanced and consistent methods of interprofessional collaboration and communication as well as timely, efficient evidence-based care and documentation. Clinical documentation must reflect each profession’s regulated process, however, it also has to facilitate efficient information sharing. The “What”, “Where” and “Who” of documentation was clarified for each of the following interprofessional collaborative care processes: assessing, care/treatment planning, implementing and evaluating.

Now, Interprofessional Rounds and family conferences assist in consistent communication and documentation throughout the facility. Care processes are outlined from point of admission to changes of health status and transfers, effectively mapping interprofessional responsibility and accountabilities during transfers of care. The complex dynamic of each interprofessional care team has become more cohesive through clearly defined roles and expectations within the team. A shared decision-making model is inherent in the effective operation of the Veterans Centre, and various standing committees facilitate interprofessional collaboration and communication. Administrative structure and support is delineated in order to ensure appropriate escalation of concerns, and expedient communication within the healthcare team.

The Model of Interprofessional Care is embedded in the orientation process for all levels of staff, and
implementation includes comprehensive e-learning modules that require compulsory completion. Digital and print signage is used to ensure staff are mindful of outlined care guidelines, and so that residents and families are reminded of the consistent and interconnected care processes. Care processes, such as interprofessional rounds are periodically audited for coherence with the model and feedback is given to the team.

Outcome measures will include indicators of resident safety, resident/family satisfaction, staff satisfaction, compliance with on-line clinical documentation processes, and hours of care provided by all staff.

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Abstract Name: *Incorporating Oral Health into Primary Care – Creating Sustainable National IPE/IPC Models*

**Category**
Interactive Workshop

**Theme**
Practice

**Presentation Description**

**Background/Rational:** Opportunities in true IPC settings in private or public sector health care facilities are rare. Increasing these opportunities for our students would greatly advance the quality of the curricula schools offer students, significantly improve our graduate’s ability to effectively function in IPC environments after graduation and improve patient care in existing health care facilities. This workshop describes the process and outcomes of creating and implementing a predictable, financially stable experience-based IPE opportunity in an IPC environment and provides participants to explore how they could adapt the model to their needs. Although this model can be implemented using any two professions and in any environment where IPC is a potential and valued care delivery method, the current implementation involved the collaboration between dentistry and nursing and dentistry and primary care medicine. Dental and Nurse Practitioner (NP) students from the University of Michigan Schools of Dentistry and Nursing for 3 years have collaboratively provided care (IPC care) for patients in the dental clinic at a FQHC in Flint, MI. When NP students were not present, dental students provided traditional non-IPC care for patients. Outcomes measured included pre and post assessments of provider perception of IPC, patient perception of care received, patient activation and patient Quality of Life (QOL). Additionally, provider involvement in team based care was assessed using the Interprofessional Collaborator Assessment Rubric (ICAR). Results indicated that the model is capable of being successfully implemented to provide valuable experiences to providers, preceptors and patients alike while improving patient care and being financially self-supporting. This model, modified 2 years ago to involve dental students in the medical clinic providing dental screenings with fluoride varnish application and training medical staff and residents to perform the same procedures in the medical clinic in a different facility has also demonstrated improved patient care outcomes and clinic efficiencies. Model design, implementation, outcomes measurement and lessons learned will be presented in an interactive format with the intent of participants leaving the session with an outline of next steps they can use in starting similar opportunities at their institutions.

**Engagement Methods:** Participants will initially be polled regarding their expected outcomes of the session. The Presenters will address these expectations as the session proceeds. The presentation will be divided into sections addressing model development, implementation, outcomes measurement and lessons learned. Each section will involve a short presentation and an open discussion/QA opportunity. Participants will be encouraged to add their experiences to the discussion and explore potential opportunities and collaborations they see for their institution.

**Session outline:**
Part 1: Introductions and presentation of model design followed by discussion on how model could be modified for participant’s needs (15 Min)
Part 2: Presentation on implementation process followed by discussion on how implementation could be facilitated and achieved to meet participant’s needs (15 min)
Part 3: Presentation of outcomes assessment strategies followed by discussion on how outcomes measurements can be integrated and implemented by participants (15 min)
Part 4: Open discussion on strategies to collaboratively implement model nationally and internationally

Presenters
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Michelle Pardee
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Authors
Abstract Name: An Interprofessional Longitudinal Clinical Elective: Co-managing Patients with Uncontrolled Chronic Medical and Mental Health Conditions

Presentation Description

Introduction: The increasing number of older adults with chronic medical conditions presents a challenge for primary care that is often compounded by co-morbid mental illness. While there is movement toward improving outcomes through team-based care there are few interprofessional clinical learning opportunities where learners can longitudinally co-manage patients with both chronic medical and mental health conditions. To address this gap we aimed to design and implement an interprofessional clinical elective where trainees longitudinally co-manage “complex patients”, defined as patients with an uncontrolled chronic medical and mental health condition. Drawing from the Core Competencies for Interprofessional Collaborative Practice and Kern’s model of curriculum development we also sought to improve learners’ interprofessional collaboration, attitudes towards mental illness, and self-reflection on their role as a clinician team member.

Methods: Two triads of Pharmacy, Physical Therapy, and Psychiatric Nurse Practitioner trainees provided longitudinal team-based care to two complex primary care patients over a 10 week quarter. Each triad engaged the patient in the clinic and then conducted 8-9 interprofessional home visits. Trainees collaborated to assess, treat, and measure outcomes associated with the patients’ conditions. A focus on goal setting and behavioral activation was used to help the patient reach patient and provider goals. Each student was given 30 minutes per visit to interact with the patient while other team members and faculty were present for observation and support. Pre and post visit huddles were conducted to plan for and review each patient encounter. Learner outcomes were measured pre and post elective with the Mental Illness: Clinicians’ Attitudes Scale (MICA) and the Assessment for Collaborative Environments (ACE-15). Learners spoke to their learning and experience through critical reflections and anonymous course evaluations.

Results: All six students completed the experience with 100% response rate to the MICA, critical reflection and course evaluation. Matched pre-post analysis revealed a non-significant trend towards lower MICA scores indicating a change to a more positive mental illness attitude, but no change in ACE scores. Student surveys and critical reflections revealed enthusiasm for the “real-world” opportunity to follow patients longitudinally; the supportive team approach including huddles and faculty presence; opportunities to collaborate with, and learn from, a variety of professions, and to conduct home visits. Lastly, they reported an improved understanding of fellow learners’ roles and contributions to patient care, as well as the value of interprofessional care.

Discussion: Student feedback aligned with the elective aims, as students noted the longitudinal nature
provided a deeper understanding of and synergy among professions not found in previous simulations and clinical settings. The opportunity to collaborate with patients, faculty and fellow team members before, during and after encounters contributed to this, as well as to feelings of support and the opportunity for dynamic co-management. While the MICA showed a decrease in mental illness stigmatization there was a lack of significance that was likely due to the small sample size, this along with high pre-test teamness may represent the lack of change in the ACE-15. Overall feedback on the elective was overwhelmingly positive despite challenges such as changes in patient schedules.

Presenters
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Abstract Name: Learning Beyond the Health Disciplines – Pharmacy student experience of an Interprofessional Design Course with industrial design students

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale: Senior level pharmacy students take 3 specialization elective courses. One course available is an interprofessional design course, involving industrial design, computing science, occupational therapy, and at times other programs. The students work in interprofessional teams to design solutions to health related problems. The self-directed nature of the course, reliance on a team that includes non-health professionals, and the magnitude of some of the health problems being addressed create a challenging environment and experience for the pharmacy students. To assist them in addressing these challenges reflective journaling was implemented, and demonstrates significant learning and growth throughout the course. The purpose of this research was to assess pharmacy student experiences in working in interprofessional teams while participating in the design of items or processes to address gaps in health care needs for older adults and patients with chronic disease.

Methods: Pharmacy students at the University of Alberta have been involved in a senior level specialization elective course (Pharmacy Practice – Design and Function) involving interprofessional teams that include students from occupational therapy, industrial design, and computing science. The objective of the course is to develop a design that will meet a health care need for a particular patient case/scenario. Pharmacy students completed a number of assignments, including a weekly reflective journal. The reflective journals were reviewed for themes using content analysis methods.

Results: A total of 23 pharmacy students over a 5-year period consented to participate. Main themes identified were interprofessional education (including conflict, knowledge of others, communication), learning experience (including perception of ability, class structure), curriculum and content (e.g. technology, universal design), and professional identity and pharmacy roles (e.g. pharmacist personality, pharmacy expertise). The 12-weeks of journals showed an increasing comfort with interprofessional activities and roles over time.

Conclusions: Pharmacy students can be challenged in interprofessional course work by including students who are not in a health care field. The students’ wrestling with professional roles and identity is essential for successful graduates. The care of older adults and patients with chronic disease requires health professionals who can effective integrate into team activities that meaningfully address patient care needs.

Presenters
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Authors

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Abstract Number: 175

Abstract Name: Using the Competency Framework for Collaborative Practice and Patient Partnership to transforming interprofessional education (IPE)

Category
Oral Presentation
Theme
Education

Presentation Description

Background
Patient partnership is a core feature of the University of Montreal’s interprofessional education (IPE) curriculum (Brault et al., 2016; Vanier et al., 2013). However, until recently, no competency framework included patient partnership as a core competency for collaborative practice. To remedy this situation, the University’s Department of Collaboration and Patient Partnership, together with its Operational Committee for Interprofessional Education, developed the innovative Competency Framework for Collaborative Practice and Patient Partnership in Health and Social Services, which guided the IPE curriculum revision. This framework proposes a core competency supported by seven cross-cutting competencies that patient partners and health and social services practitioners develop together over time, as they exercise their roles and responsibilities in various settings. Moreover, it applies to many aspects of care and services, being co-constructed by patients and family caregivers, educators, professionals, managers, and researchers in health and social services. This communication has two objectives: 1) to present the competencies associated with patient partnership and their integration into the revision of learning activities within the University of Montreal’s IPE program; and 2) to assess the revised curriculum’s impacts on the development of collaborative practices among students.

Method
At the University of Montreal, training in IPE and patient partnership is spread out over the first years of initial training for students in 13 health and psychosocial sciences programs. It consists of three courses deployed in three training modules: an interactive online training program; an intra-program activity; and a classroom-based inter-program workshop. The revised IPE program uses clinical scenarios to integrate into each training module the eight competencies for collaborative practice in patient partnership: planning, implementation, and follow-up of health care and social services; team work; clarification of professional roles and responsibilities; communication; collaborative leadership; therapeutic education; clinical ethics; and conflict prevention and resolution. A course evaluation questionnaire was sent to a cohort (n = 1500) of students who had participated in this revised training program to evaluate their collaborative experience after each course.

Results
The revised IPE curriculum optimized mobilization of patient partnership competencies as of the first year among students in the health and psychosocial sciences programs. Of the respondents, 89% said their understanding of the patient partnership concept had improved; 80% of those reported that the training had helped them develop their collaborative practice in patient partnership. Moreover, whereas previously patient-trainers were involved only in inter-program workshops, now they accompany professors in intra-program activities to increase student–patient interactions. In light of these results,
Conclusion
The Competency Framework for Collaborative Practice and Patient Partnership in Health and Social Services now constitutes the conceptual foundation for the training curriculum offered to annual cohorts of about 1500 University of Montreal students. After their training, students report being better equipped to work in partnership with patients. The Framework can also be used for continuing professional development of practitioners and trainees in clinical settings, and can also serve as a training model for other universities.

Presenters
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Abstract Name: Social Determinants of Health: The Intersection of Social Work and Nurse Practitioner Education

Category
Discussion Group

Theme
Education

Presentation Description
Social determinants of Health (SDH), defined by the World Health Organization as “conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life” are foundational to the education of health professionals. Educators (clinical and nonclinical) are integral to transforming student understanding of the SDH. An interprofessional approach to SDH curriculum that is experiential, integrated and collaborative is foundational to understanding how SDH impacts individual and population health.

This discussion will focus on the development of an innovative and novel family nurse practitioner program that integrated and built upon core elements of Social Work (SW) education focused on strengthening provider-patient interaction through evidenced based methods that increase patient comfort and allows providers to frame current patient health status and behaviors in the context of SDH. Interdisciplinary in nature, this program is based in a Department of Nursing within a School of Social Work. To our knowledge, this arrangement is the first in the nation. Cohort 1 was admitted in the Fall of 2016.

Programmatically, SDH is a curricular thread integrated into individual and population health and wellness concepts. Social work faculty are embedded into core nursing courses around topics related to SDH, the Grand Challenges (http://aaswsw.org/grand-challenges-initiative/) and Motivational Interviewing. Students are required to take two interdisciplinary SW courses (Human Behavior in the Social Environment and an elective) and participate in an 8-hour Motivational Interviewing course taught by SW faculty.

The goal of the FNP program is to create primary care providers who intentionally integrate SDH into practice, advocate for health equity, and are practice ready collaborative team members. This collaboration offers the opportunity (and challenges) to define shared and complementary knowledge between nursing and social work, to integrate this knowledge into curricula for both disciplines, and to create experiential learning opportunities. Opportunities and challenges will be discussed.

Facilitation Methods: Small group discussion questions

What common core competencies and knowledge exist between social work and nursing?

How might these competencies and core knowledge be integrated into our educational programs in a
way that is systematic and sustainable, and produces the desired outcomes? What “lessons learned” or academic/practice exemplars could you describe that address both interprofessional education and SDH (success stories)? AND, how might these translate into an online/blended program?

How might we begin to think about integrating nursing/NP knowledge into an existing SW curriculum. (Note: the FNP program is a new program within a new nursing department, the SW program is already well established)

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Abstract Name: Knowledge and Attitudes among Occupational Therapy Faculty Towards Interprofessional Education

Category
Interactive Poster

Theme
Education

Presentation Description
There are many disciplines that make up today’s health care work force. Occupational therapists are often a part of an interprofessional team consisting of physicians, physical therapists, and other healthcare professionals, in multiple practice settings. Even though there are drastic differences in the specific skill sets that must be mastered to be a competent clinician, it is essential that all clinicians have an understanding of different discipline’s roles. With this understanding, of other discipline’s roles, it is more likely to work as a collaborative team, resulting in more client-centered care.

Interprofessional education has been proposed as a method to foster development of a collaborative team who practices across disciplines (World Health Organization, 2010). According to the World Health Organization (2010) IPE is defined as when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. The Interprofessional Education Collaborative (IPEC) Expert Panel defines four core domains of competencies: (1) Values/Ethics for Interprofessional Practice (2) Roles/Responsibilities (3) Interprofessional Communication (4) Teamwork (Interprofessional Education Collaborative Panel, 2011). No allied health professional was represented on the panel.

With the increase of importance of IPE, programmatic accrediting bodies are beginning to integrate standards relating to IPE. For Occupational Therapy doctoral programs, the Accreditation Council for Occupational Therapy Education (ACOTE) standard B.4.8, states that students must be able to interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge (American Journal of Occupational Therapy, 2012). We designed a survey to evaluate the knowledge, beliefs, and attitudes of RT faculty towards IPE. The main goal of this study was to determine the knowledge, attitudes and perceived importance (belief) regarding IPE program implementation across all OT faculty. Between-group assessment of Masters and Doctorate program faculty and profit and non-profit institution faculty further describe IPE practice and perspectives.

The 21 question online survey was based on interprofessional education literature and questions modified for the OT discipline. It was distributed by email to 1,461 faculty from Accreditation Council for Occupational Therapy Education (ACOTE) accredited programs. We are currently still in the process of data collection. However, we have already had a greater than 10% response rate, in less than one week of collection. Data collection is set to end on February 7, 2017.

Presenters
Authors
Angela Allen
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Abstract Name: Student Perceptions of Health Professions Prior to Participation in an IPE Program

Category
Oral Presentation

Theme
Education

Background. Many have reported that students’ preconceptions about health professions affect outcomes of prelicensure IPE (Foster & Clark, 2015; Michalec et al., 2013). In the Middle East, regional stereotypes about various health professions (Kronfol, 2012) likely influence in unique ways how students respond to IPE. We report findings of a study conducted at an American university in Lebanon to determine perceptions students had about their own and other health professions prior to participating in IPE.

Methods. Data were gathered from two cohorts (2012 and 2015) of medical, nursing, nutrition, pharmacy and social work students (n=405) when they attended the first of five required IPE workshops. They were asked to describe, in their own words, the five professions. None had begun their clinical rotations. Data were transcribed verbatim and content analyzed using emergent coding. Codes and frequencies were compared for each profession between the two cohorts, then compared across the professions to determine similarities and differences.

Results. Descriptions for each profession were comparable between 2012 and 2015. Students most frequently identified functions performed by each profession. Relatively explicit functions were used to describe the work of physicians (e.g. diagnose, treat disease, prescribe medication, perform surgery), nutritionists (promote health, prescribe diet, assist with weight control, counsel patient), and pharmacists (provide drugs, monitor therapy, counsel patient, treat patient with right drug). Functions attributed to nurses (take care of patient, give medication, help doctor, help patient and family) and social workers (assist community, provide social help to individual, provide emotional, psychological, and moral support to patient and family) were more generally worded. Almost fifteen percent of the students indicated they did not know what social workers do.

Several interesting differences were found. Nurses and social workers were seen as caring for individual patients as well as families, whereas addressing needs of patients’ families was rarely attributed to physicians, nutritionists or pharmacists. Nearly one-third of the data units about nutritionists addressed health promotion, but health promotion was seldom ascribed to the other four professions. Health counseling/teaching was seen as a function of nutritionists and pharmacists but less likely of physicians, nurses, and social workers. Working with other professions was infrequently described, except for nurses, who were perceived to be highly involved with other team members, i.e. helping physicians, exchanging information with others, and facilitating communication within the team.
Conclusions. Lebanese students’ perceptions before IPE reflect the predominant public images of these professions in the Middle East. Students were early in their education so did not convey full understanding of even their own profession. Students viewed the professions primarily as illness focused, except for the health promotion focus of nutritionists, and individual patient focused, except for nurses and social workers, who were seen to have a role with families. The findings reinforce the need to begin IPE with accurate information about each profession to ensure students have foundational knowledge that will enable them to gain a more complete understanding of the knowledge, beliefs and sensitivities of other professions during their IPE experiences.

Presenters
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Abstract Number: 183

Abstract Name: Interprofessional Education at the MESO Level: The Next Frontier

Category
Oral Presentation

Theme
Education

Presentation Description
The World Health Organization (2006) and the Institute on Medicine (2010) have issued countless reports, some dating back more than 50 years, highlighting the impending shortage of the health care workforce and the important role of interprofessional practice in the delivery of care. The task of preparing the health care workforce at the pre and post certificate interprofessional education (IPE) is well underway. It appears that the response and growth of IPE in the past decade has outpaced the combined growth over the previous 4 decades. It is probably no coincidence that the growth in IPE across the globe has occurred during a time when we have also witnessed some of the most challenging demands on our systems of care that has been accompanied by some of the most significant changes in health care policy. Consequently, the access to IPE for most if not all the direct care professionals has clearly improved. Although interprofessional education and practice has been at the forefront of health care for more than 4 decades, it is surprising that interprofessional education at the ‘meso-level’ has not received nearly as much attention (Begun & Mosser, 2011)

To date there has been little attention to the interprofessional education at the administrative/managerial levels of health care. This is noteworthy given that it is at this meso level of management and administration that decisions about the financing, organization, delivery and evaluation of care are made, frequently isolated from the practical reality of providing care. The authors of this paper posit that engaging key stakeholders who manage and administer the delivery of care is critical to supporting and sustaining feasible models of interprofessional patient-centered coordinated care, further suggesting that interprofessional education on the meso level represents the next frontier in IPE.

This sessional will present an overview of the environmental and contextual factors leading to the development of the Health Services Planning and Management Program (HSPMP). As one of the first innovative ‘meso-level’ interprofessional program that was developed more than 15 years ago by Dr. Damiani. HSPMP is a one hundred hour interprofessional advanced course for executives/administrators from Medicine, Nursing, Economics, Communication Science, Pharmacy, Psychology, Law, and Physiotherapy. Following a discussion of the strategies employed to overcome institutional and logistical challenges to sustaining HSPMP, the session will provide an overview of the administration, faculty development and recruitment of student learners representing management, administration and direct practice from multiple disciplines. The session concludes with an interactive discussion about strategies to support international collaborations to advance interprofessional education and practice across the globe.

Presenters
Authors
Abstract Name: Interprofessional collaboration in elementary schools: A systematic review of interprofessional education for preprofessional general education teachers and speech-language pathologists

Category
Interactive Poster

Theme
Education

Presentation Description
This oral presentation will report the results of a systematic review examining the evidence base of interprofessional education for preprofessional general education teachers and speech-language pathologists (SLPs). Although collaboration between these groups is vital in supporting the development of children’s language and literacy skills, many teachers and SLPs feel they do not have enough support, time, and resources to provide interprofessional service delivery in the classroom (Glover, McCormack, & Smith-Tamaray, 2015).

Previous research indicates most pre-service education training takes place in separate programs that have little contact with one another, affording few opportunities for preprofessional general education teachers and SLPs to learn effective collaborative practices (Shoffner & Wachter Morris, 2010). Effective collaborative practices would establish a consistency of approach and transfer of knowledge and skills between professions affording a holistic approach to language and literacy (Glover, McCormack, & Smith-Tamaray, 2015). Therefore, research examining the current state of IPE opportunities for general education teachers and SLPs is needed.

A systematic review was conducted in April 2016. The purpose was to (a) explore the state of interprofessional learning opportunities for preprofessional general education teachers and SLPs and (b) identify areas of practice that could benefit from collaborative training. To identify relevant peer-reviewed research, exclusionary criteria included: using a collaborative model besides interprofessional, topics other than child language, not including both preprofessional general education teachers and SLPs, or settings other than elementary schools. Twelve databases were searched using various combinations of 25 keywords. A total of 584 documents were identified. After deletion of duplicates, 205 documents remained.

The first author examined the title and abstract of each document, excluding 202. Reliability was established with a second reviewer who independently reviewed the remaining 205 articles, and excluded 203. The reviewers reached consensus and identified three relevant articles. The literature search will be conducted again in March 2017, following the same protocol.

Data extracted from the studies included study design, participant characteristics, independent and dependent variables (when applicable), data collection methods, outcomes of significance, and limitations. Quality of individual studies was assessed for internal and external validity using the Integrated Quality Criteria for the Review of Multiple Study designs (ICROMS) instrument and a modified version of the Critical Appraisal for a Survey instrument.

Results suggest preprofessional general education teachers and SLPs can develop cooperative knowledge and skills necessary for professional practice through interprofessional experiences. Students
in all three identified articles lacked knowledge and experiences working with the other student group. However, as a result of interprofessional workshops, the intervention studies showed an increase in students’ knowledge of collaborative service delivery models and a decrease in discipline-specific jargon. These are foundational concepts of interprofessional collaboration required in the students’ future work settings.

No studies that met the criteria for this review were conducted in America, suggesting a need for collaborative training experiences in America. With further research, interprofessional opportunities can be developed to foster collaboration. By establishing partnerships across disciplines, professionals and their students will benefit from integrated, strategic, and collaborative experiences.

Presenters

Danika DiPalma MS, CF-SLP
James Madison University
Stacey Pavelko Ph.D., CCC-SLP
James Madison University
Susan Ingram, Ph.D., CCC-SLP
James Madison University

Authors
Abstract Name: Advancing the Scholarship of Interprofessional Education and Collaborative Practice: Impact on Academic Career Development

Category
Discussion Group

Theme
Leadership

Presentation Description
The landscape of health professions education and practice is changing and challenging. Along with the growth and demand for interprofessional education and collaborative practice (IPECP), professional development and career advancement for faculty working in IPECP is a concurrent challenge. There continues to be a great deal of necessary focus in IPECP on developing infrastructures and processes to support educational programming, track progress, and train students and health professionals. However, these activities alone will not suffice for career advancement for many health professionals working in traditionally structured academic systems. While there is an emerging tradition of inquiry in ICP (Lutfiyya et al, 2016) accompanied by recent recommendations to better articulate findings (Cox et al, 2016), this work has thus far had limited influence. As with any interdisciplinary field, helping colleagues understand the critical importance of this kind of work is challenging and critical for advancement of the next generation of scholars. The Program Committee of the American Interprofessional Health Collaborative (AIHC) along with leaders from the Canadian Interprofessional Health Collaborative (CIHC) are interested in identifying priority areas for supporting the professional development and advancement of emerging faculty leaders and engaging them in discussions around programming and key implementation strategies to support their scholarship.

Presenters
Gail Jensen
Creighton University
Andrea Pfeile
Indiana University
Anne Godden-Webster
Dalhousie University
William Webster
Dalhousie University

Authors
Abstract Name: Peer Teaching During an Interprofessional Simulation Experience

Category
Oral Presentation

Theme
Education

Presentation Description

Background / Rationale
There is consensus that simulation should be utilized with interprofessional education (IPE), as simulation based IPE has been shown to be an effective strategy for improving teamwork, communication, and collaboration among health profession students; and it can increase student self-efficacy and preparedness for clinical situations.1-6 Also, interprofessional peer teaching can be an effective tool for improving communication and developing increased understanding of other professions’ roles.7-10 The purpose of this study was to investigate the effects of combining interprofessional simulation and peer teaching on students’ attitudes, values, and beliefs regarding interprofessional collaboration.

Methods / Methodology
A novel IPE simulation experience was employed where nursing students (n=51) developed, implemented, and participated in simulation scenarios designed to replicate an acute care setting. During the simulation experiences, PT (n=53) and OT (n=48) students worked together to co-treat the patients while consulting with the nursing student role-playing the staff nurse. With faculty guidance, nursing students were also responsible for equipment management, pre-briefing, running the simulation scenarios, and de-briefing.

Using a pre-test / post-test design, students completed the Performance Assessment Communication and Teamwork Tool (PACT) self-report assessments before and after the simulation experience (70% response rate).11,12 After reverse coding negatively worded statements, the sum of scores for each content area of the PACT were analyzed using mixed model ANOVAs. A p value ≤ 0.05 was considered significant.

Results / Outcomes
All students regardless of profession, demonstrated a significant increase in post-test scores compared to pre-test scores for following content areas: Familiarity working and training in teams (p<0.001), Satisfaction with interprofessional training (p<0.001), Learning and performance (p<0.001), Learning environment (p<0.001), Skills (p<0.001), and Mutual support (p=0.017). For the content areas that did not demonstrate a significant increase in scores (benefits of training, communication, team structure, leadership, and situation monitoring) students scored very highly on the pre-assessment (mean of 4.38 for all questions on a 1-5 scale) creating a ceiling effect.

When assessing the PACT post-assessment free response question “What is the most important learning experience you took away…” four themes emerged: 1) The need for teamwork and collaboration
for effective patient care 2) The importance of communication to develop a plan of care 3) Increased understanding of the roles of other professions 4) The importance of respect and trust in interprofessional teams.

The PACT post-assessment also has students rate their understanding before and after the IPE experience for each of the following categories: benefits of IPE, patient safety, sharing information, shared mental model, patient advocacy, offering assistance, and communication. All students exhibited significantly higher scores for the after training questions compared to the before training questions (p < 0.001), and no significant differences were found between professions.

Conclusions
Combining interprofessional simulation and peer teaching was an effective way to improve student attitudes, values, and beliefs regarding interprofessional collaboration and increase understanding of professional roles in an acute care environment. The experience had similar effects on students’ perceptions of IPE regardless of whether they participated in the peer-teaching role and/or the simulation participant role.

Presenters
Chad Lairamore
University of Central Arkansas

Authors
Clinta Reed
University of Central Arkansas, School of Nursing
Veronica Rowe
University of Central Arkansas, Occupational Therapy Department
Abstract Name: Assessment Tools for Short-Term Simulation-Based Interprofessional Education: A Multidimensional Measurement Approach

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Despite the increasing emphasis on interprofessional education (IPE) that focuses on improving team-based collaborative care, validated assessments are sparse. Researchers have questioned the ability of individuals to accurately complete self assessments due to tendencies to overrate themselves, but available interprofessional assessments still rely on respondents’ self-perceptions of readiness, attitudes or competency. As a result, our team decided to create a set of instruments (team, patient, and observer) to measure teams’ attainment of IPEC competencies during our Disaster Day (DD) simulation.

Methods
One thousand and eighty nine students (375 in 2014, 419 in 2015, and 295 in 2016) participated in interprofessional healthcare teams during our DD simulation. The majority of participants were from Nursing (56.6%), Medicine (22.9%), and Pharmacy (6.8%). At the end of the short-term simulation, students were asked to evaluate their team’s performance by completing a team instrument consisting of 30 items, rated on a 4-point Likert type scale, and categorized into the four IPEC competencies (Values and Ethics, Roles and Responsibilities, Communication, Teams and Teamwork (Response rate: 58.2%). More than 1150 volunteers participated as patients during these three years and were asked to complete the patient instrument (Response rate: 42.7%). More than 20 observers were assigned to assess team performance from the third-party perspective.

Cronbach’s alphas were used to determine the reliability of the three instruments. Construct validity of the team instrument was examined by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). Concurrent validity of the team instrument was addressed by comparing mirrored items on the team instrument with the patient and observer instruments. Results have been utilized to refine the three instruments and reduce the number of items so they provide robust measures for short-term simulation-based interprofessional activities.

Results
The EFA results demonstrated preliminary support for the four components determined by the IPE competencies: higher path loadings were clustered within each component with few exceptions, and the communalities of the individual items range from .36 to .73. Fit indices of CFA for the team instrument indicated primary satisfaction with the five-factor model (SRMR: .044, CFI: .907, and RMSEA: .66). Convergent validity was demonstrated as all paths from latent components to items were statistically significant, and most standardized regression weights were above .70. Discriminant validity was satisfied
as correlations between the latent components did not exceed .85. Comparison of the team instrument and external feedback on mirrored items have indicated that students overrated their teams’ attainment of interprofessional competencies.

Conclusions
The team instrument demonstrated acceptable construct validity and relatively high internal consistency of the five-factor structure. However, results also indicate that the team instrument can be refined by eliminating specific items. Cross comparison between instruments provided evidence that students overrate their teams’ attainment of IPE competencies. Therefore, external feedback from patients and observers can provide supplemental information that cannot be captured by the team instrument. A set of instruments can best be utilized to assess teams in achieving IPEC competencies.

Presenters
Courtney West
Texas A&M University HSC College of Medicine
Yuanyuan Zhou
Texas A&M University HSC College of Medicine
Bree Watzak
Texas A&M University HSC College of Pharmacy
Lori Graham
Texas A&M University School of Public Health

Authors
**Abstract Number: 194**

**Abstract Name: Use of Serious Games to Promote Interprofessional Competency**

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**
The use of "serious gaming" as a teaching strategy is gaining momentum in healthcare education by using traditional and virtual game platforms to educate healthcare students. The work of Crews (2011) and Nicholson (2011) both support the use of games as effective teaching strategies. Furthermore, publications such as Games for Health Journal highlight this emerging area of education and practice research. In an effort to create an engaging approach to interprofessional education (IPE), the authors created two board games focusing on the tenets outlined in the Core Competencies for Interprofessional Collaborative Practice (IPEC, 2016). Participants in this interactive workshop will play IPE Challenge!, a game focusing on the roles and responsibilities of various healthcare disciplines, and Core Comp Stomp, a game designed to introduce healthcare students and faculty to all of the IPEC Core Competencies.

**Presenters**
Mary Kay Arvin  
University of Southern Indiana  
Heather Schmuck  
University of Southern Indiana  
Ruth Metzger  
University of Southern Indiana

**Authors**
Abstract Name: *Translating Communication Models from Clinical to Non-clinical Learners*

Category
Interactive Poster

Theme
Education

Presentation Description
In pre-training practice and experience, students learn new terms in the formation of a professional lexicon. Focus on scientific and practice-based language can overload clinical students. Non-clinical members of healthcare teams may suffer similarly due to the very limited application of terms and a lack of frequency of their use within their respective jobs and disciplines. Communication strategies such as SBAR, Closed Loop Communication, Check Backs, Trigger or Red Flag agreements, and multiple challenge rules can be learned and applied within simple conversations, not just clinical encounters. Translating those terms into the context of everyday conversations makes them easier to grasp and apply and outside of the isolation of clinical situations.

This poster examines the efforts to teach a clinical framework for communication and decision-making to pre-practice students, non-clinical staff, and faculty in a University-wide initiative at Rosalind Franklin University. Utilizing the same ideas and techniques needed for their eventual clinical application and success, the terms have also been reframed and taught to learners in the context of common daily interactions in multiple environments. The terms and techniques are practiced without the apparent additional stress of needing to learn something unfamiliar by decoding them in terms of their application and meaning.

The poster will provide examples of that reframing and report out on the challenges and successes of this approach in teaching words, techniques, and strategies that have a distinct clinical context and application, as well.

Presenters
William Gordon
Rosalind Franklin University of Medicine and Scien
Authors
Abstract Name: What Kinds of Leaders: Connecting the Pieces Based on the Needs

Presentation Description

In health care, increased specialization matches skills and experience to needs; this is equally critical for success and optimal performance of interprofessional, collaborative teams. Team leadership skills must be clearly matched to the team structure, and conversely, particular forms of team structures require leaders with specific characteristics. Being attentive and responsive to this reality promotes team successes that ultimately translate into patient safety and satisfaction and enhances team efficacy.

In this highly interactive workshop, participants will identify, collect, and create list of characteristics of leaders and leadership, and then apply that information to specific team organizational structures. Within this process, they will discover that where in one form of team structure a particular cluster of skills or characteristics is needed, when the team is organized differently, that cluster may have a disastrous impact, derailing the team before it can accomplish its goals.

The facilitators will lead a process that involves:
1. Individuals identifying and listing those characteristics and skills they have seen in leaders in their own experiences.
2. Individuals will form into teams of two (or three), sharing the results of their individual work, and forming a new list from their joint encounter.
3. Dyads/triads will join up with another similar grouping, and again participants will share their results, creating a new, more comprehensive list that reflects the results of their conversation. By design, this will also put individuals into discussion groups.
4. The results of the work of the discussion groups will be reported out in a manner that allows all responses to be heard and recorded without extensive repetition of answers.
5. The facilitators will present simple diagrams of team organizational structures, and will lead a discussion about what might be expected within the teams in terms of communication, relationships, etc. based simply on how they appear to be organized.
6. A facilitated discussion will invite suggestions from the master list of what sorts of leadership characteristics and skills might be best suited for the team structure, and which might create barrier to team success.
7. Three different team structures will be presented and considered by the group, each time identifying the unique combination of leadership characteristics and skills that would most likely serve the team members within the specific structures to succeed.
8. The last few minutes of the workshop will involve raising additional questions that may occur, exploring additional considerations about team leadership that may impact their success and soliciting additional topics related to team structure and leadership that deserve our attention.

The bulk of time spent will be in engaged interaction with workshop participants, evoking the collected
wisdom of those present, and drawing from the richness of this interprofessional gathering. Learners will depart with practical insights into the teams on which they are working and those they wish to form in terms of the characteristics and skills needed by the leadership in order for the team to thrive.

Presenters

William Gordon
Rosalind Franklin University of Medicine and Science

Scott Rothenberg
The DeWitt C. Baldwin Institute for Interprofessional Education, Rosalind Franklin University of Medicine and Science

Authors
Abstract Number: 203

Abstract Name: *I see it differently: Managing Stereotypes in an Interprofessional Care Setting*

Category
Interactive Workshop

Theme
Education

Presentation Description
The Boise VAMC Center of Excellence in Primary Care Education has recognized a need for interprofessional (IP) teams to explore the formation of professional identities and interprofessional stereotypes. We believe that effective team function begins with identifying common goals and negotiating roles and responsibilities. Much of healthcare professionals’ training happens in silos that facilitate the development of strong professional identities that can lead to profession centrism (Pecukonis, 2014). Social Identity Theory has been proposed as a theoretical framework to understand the complexity of interprofessional education (IPE) and the roles that in-group/out-group categorization and stereotypes can play on IP teams (Thomson, et al, 2015). As teams mature they increase awareness of and place greater value on professional cultures, which can improve team function. Our IP faculty and trainees have expressed interest in increasing awareness of their own stereotypes and being more deliberate about avoiding the negative influence of those stereotypes on behavior; however, we have realized that many do not have the tools to effectively engage in these conversations. Utilizing Cultural Consensus Analysis (CCA), a method from Cultural Anthropology to identify differences in cultural values (Romney et al, 1988), the facilitators have developed a tool to highlight differences in professional approach, clinical care, and training. This tool can then be used to facilitate difficult discussions about professional stereotypes and cultural differences.

The purpose of the current workshop is to help participants understand IP cultures through the lens of social identity theory, and how profession-centrism can lead to stereotypes that detract from effective team function. The workshop will include a brief review of relevant literature, a personal reflection activity, a professional stereotype-based consciousness raising activity, and conclude with facilitated dialogue regarding the impact of professional stereotypes on care teams.

A brief review of the background literature will focus on social identity theory, profession-centrism, and how these can lead to conflict in IP teams. In the personal reflection activity, participants will rank-order several polarizing statements about patient care priorities such as: “Treatment decisions should always follow the evidence base”. This activity illustrates differences in how care priorities might play out in individuals and will help participants think deeply about how they make patient care decisions every day.

To raise awareness of profession-based stereotypes, participants will be asked to choose, based upon their experiences, the statement that they predict will be the strongest value for different professions. For example, a participant might decide that pharmacists are likely to rank “Treatment decisions should always follow the evidence base” number one.
After all participants have matched a statement to each of the highlighted professions, a facilitated discussion will dissect the results of the activity and how they match the published literature and the facilitators’ research findings. Facilitators will role model various techniques that will help attendees understand how to effectively engage their teams in dialogue that can increase awareness of harmful bias and begin to change behavior to improve patient care.

Presenters
Amber Fisher
Boise VAMC
C. "Scott" Smith
V.A. Office of Academic Affiliations, University of Washington School of Medicine
India King
Boise VA Center of Excellence in Primary Care Education; Idaho State University College of Pharmacy
Kelsey Hamilton
Boise VA Center of Excellence in Primary Care Education

Authors
Abstract Number: 204

Abstract Name: 1. How to use an IPE program inventory to create an institutional assessment strategy, and promote networking, collaboration and innovation

Category
Oral Presentation

Theme
Education

Presentation Description

The WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010) suggests, “those who wish to develop and engage a collaborative practice-ready workforce begin by assessing what is readily and currently available, and building on what they have” (Pg38). This presentation describes strategies used by two universities to identify the current state of IP activities and engagement within their communities, and highlight how one tool can provide meaningful results for two different sets of objectives, expand IPE offerings, and accelerate innovative teaching strategies.

At A.T. Still University, an IPE survey was developed with the purpose of taking an inventory of the level of engagement with and nature of IP activities across the university community. An e-mail survey was administered to all students, faculty, staff, and administrators. Respondents were asked if they participated in IP activities, if so they were requested to provide descriptions of those activities, to and identify if they were willing to be contacted regarding these or future opportunities. Activity descriptions were subjected to content analysis. The survey elicited 642 responses with 33.1% of respondents stating they were involved in interprofessional activities. Activity descriptions were grouped within four pre-determined domains: education, clinical practice, research and scholarship and service. A fifth domain, social, emerged from the descriptions. The responses provided valuable insight into the nature of IP activities within the university community and led to the development of seven recommendations to assist the university in achieving its’ mission and vision regarding IPECP.

Building on this work, an IPE inventory carried out at Arizona State University’s (ASU) Colleges of Nursing and Health Innovation and Health Solutions identified over 100 activities. The goal of the inventory was three-fold: (1) build an inventory of IPECP projects ongoing at two ASU colleges, (2) identify how people were self-defining IPE, and (3) identify individuals not already connected to the IPE Center that might be future champions for IPECP. Respondents listed numerous types of IP offerings including simulations, distance modules, clinical experiences, and more, often happening in isolation from each other.

The inventories provided important information that quantified the existing IPE Initiatives at the colleges, allowing for critical cataloging of IPE activities across the colleges. They also identified project leads, allowing follow-up and outreach to individuals that may benefit from further support, networking, or collaboration. The inventories also provided data required to build the case for greater investment in these IPE initiatives when discussing the future with administrative leadership.
The two universities are using their results in different ways to address their particular institutional goals. The comparison offers different strategies for disseminating results and leveraging faculty and administrative engagement and support. This presentation will provide participants with a simple tool to conduct an IPE inventory, and addresses issues in developing such a tool related to survey fatigue, definitions of IPE, selection of respondents, and follow-up strategies. Examples of diverse approaches to inventory analysis are illustrated, and strategies to present this data to leadership to best benefit the organization will be discussed.

Presenters

Michael Moramarco
Arizona State University
Barbara Maxwell
A. T. Still University

Authors

Gerri Lamb
Arizona State University
Abstract Number: 207

Abstract Name: Community Health Mentor Program: Best Practices and Lessons Learned from a One-Year Interprofessional Mentorship

Category
Oral Presentation

Theme
Education

Presentation Description
Interprofessional collaboration, continuity of care, and a focus on social determinants of health are the foundation of patient-centered, value-driven care. Fragmented education within a single professional silo does not work. To meet this need, the Community Health Mentor Program (CHMP) was created. The CHMP is a unique, one-year program for health profession students from Northern Arizona University’s Occupational Therapy, Physician Assistant and Physical Therapy programs and University of Arizona College of Medicine, Phoenix campus. The CHMP is a recognized project by the National Center for Interprofessional Practice and Education.

Program Overview: Initially, students meet their teams and are placed with a community health mentor in a half-day orientation that also includes team-based training. The mentor is a community member with a diagnosed chronic disease and/or disability who has volunteered to share his/her experience as a patient in the healthcare system and their community at large. The students also learn about their own and team members’ roles and responsibilities within the interprofessional team. This longitudinal experience allows for the development of a deeper and trusting relationship for all participants. The CHMP is different from other mentorship programs within the United States due to the frequency of visits completed by the teams. Subsequent to the orientation, approximately every 6 weeks throughout the one-year, each interprofessional team completes the following in-home modules with their mentor: (1) comprehensive medical and social history, (2) medications, (3) functional assessment, (4) nutrition, (5) home needs assessment, (6) community needs/barriers to care, (7) advance directives, and (8) advocacy. The health profession teams are learners and do not provide healthcare services or advice. However, they do share health education and community resources, and best practices provided in assignment materials.

Current Participant Statistics: The second cohort of the CHMP will complete the program at the beginning of March and the third cohort will begin the program at the end of March, 2017. To date, there have been over 400 students enrolled in the program and enrollment will grow by approximately 12% with the third cohort. Students have reported the following about the program: “I really like working with and learning from other students”, “I love my mentor”, and “Our mentor has provided invaluable knowledge with regard to their personal health concerns and conditions without reserve”. For each cohort, the number of mentors have ranged from 48-56 volunteers, the average age being 66 and approximately split evenly between male and female participants. Mentors have said the following: “I feel useful”, “I like that they’re open to learning, we have good conversations”, and “One thing especially stands out- I told them about my challenges and they went and did some research and the next visit
they gave me help and solutions!"

This presentation will provide an overview and up-to-date statistics of participants in the CHMP, outcomes of feedback from the students and mentors, challenges faced when starting and implementing a multi-university and multi-disciplinary program, and will offer best practices for successful implementation.

Presenters
Oaklee Rogers
Northern Arizona University

Authors
Sarah Coles
University of Arizona College of Medicine, Phoenix
Angela Merlo
Northern Arizona University
Lisa Tshuma
Northern Arizona University
Abstract Number: 212

Abstract Name: Sharing IPE Curriculum Across Institutions

Category
Discussion Group

Theme
Education

Presentation Description

Background
Sharing educational best practices is a responsible way to allocate resources as well as develop new innovations and opportunities for scholarship. Interprofessional education is a relatively new curricular component and like all new endeavors there is a steep learning curve. Not all IPE activities will be meaningful or successful. Can sharing IPE curriculum with other schools fast track your program’s menu of meaningful IPE activities? Partnering in curriculum sharing can certainly present challenges, but the rewards of collaboration that come from these experiences far outweigh the barriers.

While sharing educational outcomes has become more common1,2, there is not a plethora of information about medical schools partnering specifically for the purpose of curriculum sharing. The success of MedEdPORTAL and MedEdWorld highlights the need of an open exchange of health-related teaching resources and ideas. Discussion facilitators have four years of experience as partners in IPE curriculum sharing and will share lessons learned from their curriculum exchange.3 The facilitators will focus on engaging participants in discussion and as they explore challenges and rewards and ways to foster collaborative relationships among health professions educators.

Facilitation Methods
This session will engage the audience in the examination of techniques used by two institutions to facilitate collaborative efforts involving IPE curriculum sharing, identify successes and challenges, determine the feasibility for adaptation, and identify how implementation can be successfully accomplished.

Plan for Interaction
1. Presenters introduce themselves and provide background and basic information about the value they discovered in curriculum sharing. Participants will be polled to see how many have been involved in curriculum sharing. Presenters will then describe the techniques used by the two institutions. (10 min.)
2. Participants will engage in a small group discussion regarding the successes and challenges they believe are associated with the process described. Each group will share the outcomes of their discussions. (10 min.)
3. Participants will be asked to propose improvements to the techniques used by the two institutions, suggest ways that might be effective for their individual institutions and other institutions, identify key stakeholders, and discuss potential negotiations that need to take place when curriculum sharing and report them with the entire group. (10 min.)
4. Using Poll Everywhere, participants will identify potential opportunities for curriculum sharing. The final large group activity will include a “speed curriculum sharing” where each person provides a short 1-2
sentence description of a best practice they would share with others. (10 min.)
5. Wrap up and question/answer session (5 min.)

Presenters
Lori Graham
Texas A&M University School of Public Health
Courtney West
Texas A&M University HSC College of Medicine
Bree Watzak
Texas A&M University HSC College of Pharmacy

Authors
Anne Gill
Baylor College of Medicine
Abstract Number: 213

Abstract Name: Development of an Interprofessional Education and Collaborative Practice: Lean Facilitator Assessment Scale (LFAS)

Category
Interactive Poster

Theme
Practice

Presentation Description

Introduction/Background: Interprofessional education and collaborative practice (IPECP) are considered key components of today’s healthcare organizations. Implementation of IPCP efforts, such as Lean strategies, requires skillful facilitation. Although Lean facilitator assessment tools exist, none have been formulated to measure specific organizational culture change abilities, IPCP competencies, and other foundational learning abilities of lower and higher order thinking. This leaves a gap in the ability to develop and evaluate comprehensive facilitator training programs. As a contribution to facilitator training and assessment literature, and as an initial step towards closing this gap, this study describes the development and pilot evaluation of a facilitator performance measurement instrument, the Lean Facilitator Assessment Scale (LFAS).

Method/methodology: Items for the LFAS instrument were strategically adapted from existing facilitator/team leadership assessment methods, and principles including: Lean/Shingo, interprofessional education and collaborative practice competencies, metacognition and Bloom’s Taxonomy of Learning Domains. Validity was established through the use of experts in the areas of Lean/Shingo, interprofessional collaborative practice, and psychometrics. Five Lean facilitators, based in a New York City municipal acute care facility, were chosen to participate in this pilot study involving IPCP teams of healthcare professionals. Two researchers conducted simultaneous assessments of individual facilitators during the Lean process improvement sessions. Researchers used an electronic version of the LFAS, via smart phone, to conduct the in-session assessments to minimize obtrusiveness. Inter-rater reliability was assessed utilizing a weighted Kappa statistic and discrepancies in agreement statistics were analyzed. Overall usability was evaluated through post-pilot debriefing of the Lean expert/stakeholder experience using the LFAS while evaluating facilitator knowledge, skills and behaviors.

Results/outcomes: The overall inter-rater reliability of the assessment of facilitator performance was high (92%), and discrepancies in the agreement statistics were analyzed to identify implications for tool performance. Usability testing revealed stakeholder satisfaction with use and efficiency of field navigation. Face and content validity was established through primary stakeholder (Lean/Shingo expert) post-pilot feedback, which also uncovered minor concerns regarding comprehension of items, leading to subsequent revision of the tool. Items were further categorized according to their related Shingo Dimensions, creating four overall scale dimensions.

Conclusions: The LFAS shows promise in filling an existing void in IPCP training programs by better enabling the evaluation of training facilitators involved in such initiatives. Furthermore, this may well translate into an increase in IPCP team performance and the fulfillment of related organization-wide strategic initiatives. However, additional research is needed in order to further explore instrument performance and validity in a larger sample of facilitators and a diverse set of circumstances.
Abstract Number: 214

Abstract Name: *Talking with Clients and Families about Outcome Measures – Simulation education to build clinician capacity*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**
The use of outcome measures is essential to our ability to demonstrate the efficacy of care, and is also an expectation of regulated health professionals. Yet, the consistent use of outcome measures remains a challenge across the health system (King et al, 2011). As part of a broad organizational strategy to improve the effective use of outcome measures at a pediatric rehabilitation hospital, a need was identified with respect to clinicians’ capacity to effectively communicate with clients and families about the purpose and utility of outcome measurement tools.

The project leaders chose simulation as a primary educational element to enhance clinician use and communication about outcome measures since simulation-enhanced education is recognized as a powerful teaching modality. The literature shows that simulation is highly effective for skills acquisition (Cook et al. 2011) and fosters communication and collaborative practice competencies (Ziv et al. 2005). A team of youths, parents, clinicians and simulation specialists designed a number of relevant clinical scenarios, of increasing complexity, to support clinician learning with respect to communicating the use of outcome measures with clients and families.

The scenario topics identified included: 1. Introducing outcome measurement to clients and families; 2. Co-creating goals and a shared understanding of the intervention plan using outcome measures; 3. Using outcome measures to work with clients and families to prioritize goals; and 4. Managing difficult conversations about treatment progress through explanation and use of outcome measures.

The team created 5 simulation scenarios based on these 4 topics that would (a) illustrate the desired concepts and, (b) when used in conjunction with reflective questions and group discussion, support progress towards the associated learning objectives. These 5 brief scenarios were then video-recorded employing Standardized Patients in the roles of clients, parents and clinicians.

This presentation will provide an overview of the broader Outcome Measures Strategy as well as how the need for the above education with respect to communication with families was identified. The presenters will share details of the development of the 5 scenarios and the learning objectives for each. Excerpts from the modules and potential reflective questions will be shared as well as the implementation plan and evaluation framework.

The effective use of and communication about outcome measures by all members of the interprofessional team supports quality care. This education furthers our organizational desire to increase the effective and consistent use of outcome tools to support client and family centred care.

**Presenters**
Joanne Maxwell
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Darlene Hubley
Holland Bloorview Kids Rehabilitation Hospital; University of Toronto

Authors
Sarah Keenan
Holland Bloorview Kids Rehabilitation Hospital
Abstract Name: Successfully Implementing Interprofessional Education at Yale University: 3 Different Professional Learners and 1 Clinical Coach Program (CCP)

Presentation Description

Background/rationale:
Providing high quality care involves healthcare providers working together effectively. Healthcare professional schools have incorporated interprofessional education as an essential component in their training of new professional students. The Yale Interprofessional Longitudinal Clinical Experience (ILCE) course was successfully implemented the academic year of 2016-2017, following three pilot programs. It is the first to integrate all first year medical, physician associate and nursing students into a single clinical skills course.

Methods/methodology:
The structure of the clinical learning in the ILCE utilizes the Clinical Coach Program (CCP). This program involves 245 students and 144 physicians, physician associates or nurse practitioners, who are faculty from Yale School of Medicine and Yale School of Nursing. These faculty members are called Clinical Coaches in the ILCE and provide voluntary teaching of students. Students are divided into teams of three to four interprofessional students and are taught by interprofessional Clinical Coaches at unique clinical sites. The Clinical Coaches meet their same students for 20 two-hour sessions over the course of one year. The students learn bedside teaching of the history, physical examination, clinical reasoning, professionalism and oral presentation skills. They receive feedback about a strength and area for improvement after each session with their Clinical Coaches. This is called “Just in Time” feedback, which the students record in their journals. The Clinical Coaches also provide feedback to the students midway and at the end of course. The Clinical Coaches are provided with faculty development about how to be a Clinical Coach, a Clinical Coach manual, academic appointments through Yale School of Medicine or Yale School of Nursing, access to the medical library and feedback from their students about their teaching.

Results/outcomes:
The highlights of the CCP include having interprofessional faculty teach interprofessional students clinical skills, structured schedule, monthly updates of activities for Clinical Coaches and development of longitudinal relationships between interprofessional students and faculty at the start of their professional training. There have been no changes within or between the groups because of interprofessional conflict since the program began. Challenges that have been encountered include differing clinical experiences with learners within and between teams, limited designated time that is uniformly protected between the medical, physician associate and nursing students’ schedules, different didactic and timeline for teaching physical examination curriculum, and differing access to patients for teaching at clinical sites. The CCP is supported by Yale School of Medicine and Yale School of Nursing to
provide administrative support including a Clinical Coach Director and a Clinical Coach Coordinator and relies on the voluntary teaching time of faculty.

Conclusion:
The Clinical Coach Program is a model that was successfully implemented at Yale University to provide clinical education for medical, physician associate and nursing students with interprofessional faculty.

Presenters
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Yale School of Nursing

Authors
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Yale School of Medicine
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Yale School of Nursing
Rosana Gonzalez-Colaso
Yale School of Medicine
Abstract Name: Dyad Learner Teams: An Innovative approach to teach Interprofessional Collaboration in a primary care setting.

Presentation Description

The Dyad Learner Team model is an innovative learning experience for nurse practitioner and physician learners (students or residents) to work collaboratively in an outpatient primary care setting. Unique features include (1) enhanced clinical competence through direct observation of a role model, (2) opportunities to practice teamwork skills, and (3) development of a partnership by learning each profession's strengths and perspectives.

Methods: NP and physician learners are paired to collaboratively care for patients in an outpatient primary care setting. They share the responsibility for a panel of patients over a 12-week period. The Dyad Team huddles before clinic to discuss patient cases and clarify roles. The team sees patients together and each learner leads half of the visits. Learners do a short debrief afterwards to discuss relevant aspects of the case and then present to a preceptor. The dyad learners return to the patient as a team to discuss the final treatment plan. After the visit, the team members provide each other with feedback about what was done well and what opportunities for improvement are noted. The dyad team model is supported by a 12-week curriculum which takes place in 5-10 minute sessions. The content includes advancement of clinical knowledge, teamwork skills guided by the TeamSTEPPS curricula, and specific topics such as giving constructive feedback, negotiation and conflict management.

Results: We used the Wilcoxon signed-rank test to test differences between NP students' and physician residents' perceptions (ratings) at baseline and at 12 weeks and across time regarding 1) listening to patient, 2) listening to partner, 3) dyad team functioning. NP students reported improvements in how well they listened to their patients and how well their physician resident partner listened to their patients. Both NP students and physician residents reported high levels of listening to each other. Learners comments also reflected a positive interprofessional experience.

Conclusions: The Dyad Team model is a unique opportunity for learners from different disciplines to enhance clinical competence and practice teamwork skills. The Dyad team allows for additional NP students to be precepted which has helped with preceptor placement.

Presenters

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Abstract Name: *Collaboration at your fingertips: Enhancing an interprofessional culture through the partial re-design of a hospital intranet*

**Category**
Interactive Poster

**Theme**
Practice

**Presentation Description**

**Background:**
As one of Canada’s largest Academic Health Science Centres, Sunnybrook has developed a robust corporate interprofessional collaboration (IPC) strategy. Appreciating the impact that language and structure play in fostering a culture of IPC, the organization embarked on a re-design of part of its intranet, as a vital communication tool used by those across multiple professions and roles.

**Objectives:**
To re-develop a component of the organization’s intranet, as a communication hub for health professional staff and students, to provide a concrete symbol of the organizational IPC strategy, demonstrating its commitment to promoting language and structures that are aligned with IPC principles.

**Methods:**
A working group representing clinical, non-clinical and patient roles embarked on a collaborative partnership with the hospital’s Communications & Stakeholder Relations department. A review of the current state and an exploration of future opportunities that aligned with IPC principles was undertaken, using methods such as staff surveys and focus groups. Emergent themes included an opportunity to foster role clarity and information exchange, both within and across professional groups. Prototypes for the structure of the new hub were developed through an iterative process in collaboration with the hospital’s communications team and IPC Advisory committee membership.

**Outcomes:**
A new intranet page for Health Professionals was launched in December, 2015, integrating the formerly separate hubs for nursing and other health professionals, focused on fostering role clarity and information exchange across the themes of practice, education and research in various health professional roles.

**Implications:**
The creation of this new communication hub is a concrete symbol of the organization’s commitment to interprofessional collaboration. This tool will enhance opportunities for role clarity and collaborative communication. Next steps are to explore opportunities to integrate physicians into the hub, and review alignment of the hospital’s external website with the IPC strategy.

**Presenters**
Abstract Number: 221

Abstract Name: Partnering to Use Distance Technology to Provide Community-Based, Interprofessional Clinical Practice Experiences for Diverse Learners

Category
Oral Presentation

Theme
Education

Presentation Description

Background/Rationale: It is essential to include Interprofessional, collaborative practice experiences during healthcare professional training. While a substantial amount of content has been developed to support interprofessional practice, these opportunities have usually been limited to the pre-clinical year(s) and to on-campus settings. Faculty from MUSC Colleges of Health Professions, Medicine, Nursing, and Pharmacy and representatives from Area Health Education Centers have collaborated to design a low-fidelity, interprofessional, community-based experience, the Interprofessional Team Case Conference (ITCC). The ITCC provides opportunities for distance learners to engage in interprofessional activities and addresses the barrier of limited joint clinical placement opportunities.

Methods/Methodology:
The ITCC Task Force developed a comprehensive patient case which employs: the ability to be tailored for different geographic locations and clinical disciplines, a template for creating an interprofessional longitudinal care plan, a facilitator’s guide, and an approach to outcome evaluation. Each ITCC was facilitated by AHEC task force members in rural and medically underserved settings and students were able to join either in person or via online meeting software. Students reviewed a patient case prior to the team case conference and answered questions about the case. During the case conference, the student team members worked collaboratively to create an Interprofessional longitudinal care plan for the patient. Areas of focus for the ITCC included: patient- and family-centered care, identification of the social determinants playing a role in the patient’s health, identification of needed clinical services and community resources, patient and caregiver education, and population health implications of the case. The participating students and facilitators completed evaluations at the conclusion.

Results: Multiple ITCCs were conducted in three rural communities and included students from eight different health professions disciplines. Using a continuous quality improvement model, evaluations were reviewed after each session and suggested improvements were integrated into subsequent sessions. The ITCCs were successful based on student and facilitator evaluations and feedback. Students reported an increased understanding of each discipline’s role in patient care, the value and challenges of developing and implementing a comprehensive care plan, and the need for and benefits of utilizing an interprofessional team approach to improve patient outcomes. Students especially enjoyed learning with, about and from health professions students not present at their own institutions. Based on student, facilitator and faculty feedback, changes to the ITCC format and content were made to increase reproducibility, expansion, and sustainability. The Task Force members are working together to create a repository of patient cases and are communicating with faculty leaders to increase the number of
students who will be able to take advantage of this learning opportunity.

Conclusions: Low fidelity, interprofessional practice experiences provide an effective, efficient option for diverse student engagement which can be easily replicated. The ITCC approach provides an avenue to increase students’ exposure to and comfort with interprofessional clinical collaboration activities. The ITCC Task Force faculty members were positive about ITCC outcomes and their own participation. This activity provides an example for other institutions interested in expanding interprofessional experiences which are community-based and include distance learners.

Presenters

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Abstract Number: 224

Abstract Name: *Preparing Pharmacy and Physiotherapy Students For Practice – Integration of Interprofessional Reciprocal Peer Teaching*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background/rationale: Peer teaching has primarily focused on students of different seniority teaching within the same discipline. In order to address a learning need for pharmacy students (ambulatory assistive devices, AADs), and for physiotherapy students (inhaler devices), we developed a student (peer) teaching exercise. The purpose of this study was to determine the impact of interprofessional peer teaching involving pharmacy and physiotherapy students.

Methods: The undergraduate students from the Faculty of Pharmacy taught the Master-entry students from the Dept Physical Therapy regarding inhalers, and the physiotherapy students reciprocated with a peer teaching activity of AAD. Each teaching student group of 3-4 students was required to prepare handouts for the learner student group. In the first year there were hired peer teachers, but in years 2-4, students enrolled in the course became the group teachers. Faculty members reviewed the teaching materials ahead of time, and arranged for consistent learning activities between groups. We evaluated the changes in knowledge using 10 multiple choice questions, and attitudes and confidence using 7-point Likert scales. Students were required to participate in the learning activity as part of their course activities, but participation in the questionnaires was by consent. The study was approved by the Health Research Ethics Board at the University of Alberta.

Results: In years 1 and 2, the physiotherapy students taught the pharmacy students about AADs, focusing on basic use, safety, and fitting. A total of 220 pharmacy students participated, mean age 22.9 years, and 63% female. Knowledge improved from 3.5 to 7.1 out of 10. Confidence for pharmacy students changed from 1.8 to 5.7 on the 7-point Likert scale, with 99% agreeing that pharmacists should play a role in AADs. In years 3 and 4 the pharmacy students taught the physiotherapy students about inhaler devices, regarding appropriate use and maintenance. A total of 188 pharmacy and 142 physiotherapy students consented. Physiotherapy student knowledge increased from 4.0 – 7.6. There were dramatic shifts in confidence for both the physiotherapy students regarding inhalers, and for the pharmacy students regarding teaching ability. Student feedback included 3 themes, including the enjoyment of interprofessional collaboration, a positive learning environment with peers, and increased confidence in being a teacher and professional who has learned new information about devices.

Conclusions: The interprofessional peer teaching exercise was successful as a reciprocal activity, increasing knowledge about devices, confidence as a professional, and interprofessional collaboration.

**Presenters**
Cheryl Sadowski
University of Alberta

Authors
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Abstract Number: 227

Abstract Name: *Patients in Education: creating a community of patients to engage with the university*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background / rationale**
We describe the development of an organization, Patients in Education (PIE) that engages with the university to enrich the education of students in the health professions through inclusion of the patient’s voice. We aim to move beyond individual patients invited into the classroom to tell their story, to an independent organization, building capacity with the wider community to partner with the university. PIE has as its vision: ‘Health professional education that fully integrates patient and community expertise and lived experience to maximize health and social outcomes’.

Learning from people living with health conditions, their caregivers and people in the community affected by the social determinants of health and the health care system, helps students to integrate their knowledge, makes it practical, and fosters commitment to improving care. Encountering the lived experience of patients provides students with an ever-present reminder that the goal of their education is patient well-being in the full complexity and individuality of its meaning. Creating an infrastructure to support and sustain patients as active institutional collaborators (teachers, assessors, curriculum developers and educational decision-makers) is necessary to ensure true partnership between university and community, moving beyond involvement at the level of individual patients and instructors.

**Method**
Patient and Community Partnership for Education (PCPE) at the University of British Columbia (UBC) has brought the voices of patients and community members into the education of health professional students since 2004. Starting in 2011, an interprofessional Health Mentors program has offered students from nine different health disciplines an opportunity over a period of 16 months to learn from and with a health mentor who lives with a chronic condition, or a caregiver. In 2015 PCPE organized an international conference in Vancouver, ‘Where’s the Patient’s Voice in Health Professional Education?’, attended by over 250 people from 16 countries. About 50 local patients and community members attended the conference, presented their experiences with the Health Mentors program and participated in the creation of the conference statement: The ‘Vancouver Statement’. The conference inspired a core group of about 20 to meet as ‘The Vancouver Group’, to advance patient involvement in education at UBC.

**Results**
Through monthly meetings since January 2016, the group has: named itself ‘Patients in Education’ (PIE); developed a vision and mission statement, guiding principles and identity; instituted a process for
meeting requests from UBC for patient involvement in teaching and curriculum development, and for a patient/community advisory committee; and surveyed over 80 community organizations for interest in joining PIE. Next steps will be development of a website and communications strategy, and hosting a community engagement forum in the spring. During this first 12 months, we have identified several critical factors that have contributed to success so far.

Conclusions
This collaboration represents an innovative approach to partnership between the university and a developing independent community-based organization. The foundation is a mutual desire for excellence in training for the next generation of health professionals, co-created with patients for an enduring appreciation and career commitment to the patient experience.

Presenters
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Patients in Education
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University of British Columbia
Abstract Number: 230

Abstract Name: *Ethics Health Care Team Challenge: An Interprofessional Opportunity for Bio-medical Ethics Education*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**
After a six week course introducing the ethical principles through a two hour live course (one hour small group and one hour didactic) at Virginia Tech Carilion School of Medicine and after eight weeks online at the Jefferson College of Health Science, the entire student body was assembled for a three hour Ethics Health Care Team Challenge. Enrollment involved approximately 90 nursing, physician assistant, occupational therapy and health administration graduate students taking the course online and 42 medical students receiving the same content live, in the classroom. This hybrid format had been arrived at as a “compromise” based on the medical students’ desire to have this course live and the need for other students, including distance students, receiving it online. The faculty representing all disciplines; however, were committed to keeping the course interprofessional. An ethics healthcare team challenge where all students were required to attend live or live stream in was devised toward the end of the course in order to give interprofessional perspectives to important ethics topics for all healthcare providers. The students were combined into small groups and presented an ethical case for a hospitalized patient without capacity where there was conflict between family members. The case was adapted from the actual case of Hugh Finn 5/20/44 – 10/9/98 that was a very public case involving surrogacy and the discontinuation of artificial hydration in nutrition for a persistent vegetative state. The teams were tasked with completing an ethics consult on determining surrogacy and whether artificial hydration and nutrition should continue, selecting one of four answer choices, and defending the team’s answer. They then presented their group’s decision with support from the knowledge gained during the course to an interprofessional panel made of ethics consultants from: ethics, medicine, nursing, chaplaincy, corporate compliance, and legal. The panel included members from the actual hospital based interprofessional ethics consultation team. The panel led the discussion to ensure all spheres of ethical medical care (clinical, psychosocial, spiritual, legal and financial) were explored. At the conclusion of the panel discussion, the actual events of this public case and ultimate resolution were presented. This concluded with the Religion and Ethics News Weekly documentary video “Prolonging Life.” It outlined the case with compelling interviews from family members on both sides along with religious leaders, ethicists and a public servant justifying their position for or against continued artificial hydration and nutrition. The emotional and compelling interview with the wife demonstrated the devastating emotional toll this decision had on her and the hurt and loss that persists between her and her husband’s family. Ultimately the students realized that despite a proper ethical approach to a complex situation, it still involves real people with complex interpersonal relationships with varied but supportable and valid positions that cannot be reconciled by ethics consultation or deliberation over ethical principles alone.

**Presenters**
Abstract Name: *The Creighton Interprofessional Collaborative Evaluation (C-ICE): An Instrument to Assess Student Interprofessional Team Interactions*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background: Health sciences educators are challenged to prepare students for practice in a complex healthcare environment. The Core Competencies for Interprofessional Collaborative Practice identify the need for students to not only learn their own disciplinary competencies, but also those readying them for interprofessional collaborative practice (Interprofessional Education Collaborative Expert Panel, 2016). Thus, assessment of IPE activities is essential to ensure that the knowledge, skills, and attitudes are enhanced (Hughes, Gregory, Joseph, et al, 2016). Many IPE assessment tools have been developed but little direction exists in which are optimal. Few directly align with the Core Competencies. There is also emphasis on the rigor of assessment and progressing up in the Kirkpatrick model of training evaluation (Kirkpatrick, 1956). The purpose of this study was to develop and evaluate an instrument to quantitatively assess performance of interprofessional teams in alignment with the Core Competencies.

Methodology: Twenty-six essential items were identified and assigned to one of the four Core Competencies. The instrument consists of a dichotomous scale (1=demonstrate competency or 0=does not demonstrate competency) with an option to deem an item non-applicable. The final score is calculated adding up the items that were scored as competent and dividing by the total items that were applicable to the scenario.

National IPE experts were consulted to test content validity. They assessed instrument items as follows: 1) The item is essential to be included in the instrument; 2) The item is reflective of the section under which it is included; and 3) The item is easy to understand. Experts also rated the appropriateness of the tool in a variety of scenarios including case studies, clinical simulation, and Team Observed Structured Clinical Encounter (TOSCE). Reliability testing was conducted by having trained raters independently score student teams in simulated clinical environments. Twelve raters each assessed two of five simulated clinical environments that were recorded.

Results: Twenty-five of 26 items on the C-ICE had Item-Content Validity Index (I-CVI) scores of greater than or equal to .78. The Scale Content Validity Index (S-CVI) for the C-ICE was .93, demonstrating good content validity. Krippendorff’s (nominal) alpha (nKALPHA) was used to assess agreement amongst the raters. Videos 1, 2, 4, and 5 achieved good reliability with nKALPHAs of 0.833, 0.887, 0.796, and 0.827, respectively. Expert panelists also identified that the C-ICE would be appropriate for assessment of IPE outcomes in multiple simulation settings.

Conclusions: The C-ICE demonstrated validity and reliability to evaluate IPE learning outcomes related to
behavioral change. The C-ICE measures expected behaviors and observable skills that students demonstrate during a simulated learning experience. Therefore, this instrument allows measurement of IPE educational outcomes at a higher level than was previously available. Results indicate that the C-ICE is useful, comprehensive, and easy to understand among evaluators.

Presenters
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Abstract Name: *Scaling the mountain: A framework for building a flexible interprofessional education curriculum*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

The personal and community impacts of complex, chronic medical illnesses beleaguering the twenty-first century patient underscore the pivotal role of interprofessional healthcare teams to the delivery of excellent quality of care and improving patient outcomes. Unfortunately, health professions learners have historically been taught primarily in silos, leaving them poorly equipped to meet the needs of these patients or function as members of a team. Therefore, training these learners to respond interprofessionally to the changing healthcare climate is germane to outcomes for these patients.

Across the United States, there are areas of shortage of physicians and other health care providers, particularly in primary care, hindering collaborative practice for these patients. Healthcare professions training programs have responded by increasing enrollment. This increase, coupled with requirements from accreditation bodies for expanded interprofessional education (IPE) to address provider communication, collaborative practice, and patient safety issues, portend the need for scalability of educational interventions. Despite the demand, growth in IPE has been slow due to the challenges associated with calendar alignment across programs, budgetary constraints, and lack of cultural/institutional priority. In order to advance IPE, considerations should be made for accommodating increasing numbers and types of learners, some of whom may be at distant sites. With the advent of improved asynchronous and distance learning technologies and increased user acceptance, these tools are better able to facilitate IPE activities for a broader contingent of learners.

Scalability of IPE is needed both within and across institutions. Within an institution, scalability ensures that IPE incorporates core learning activities shared by different health professionals within a single institution, while maintaining enough flexibility in curriculum for authentic and discipline-specific learning objectives. Scalability across institutions ensures that medical training can be applied in different institutional contexts under ‘real world’ circumstances. The development of a longitudinal and sustainable curricular thread that will ultimately improve patient outcomes requires bringing together sound instructional design that considers the needs of all learners while employing savvy logistical strategies. Here, lessons from implementation science on how to bring effective innovations into broader adoption more quickly can be instructive.

In this session, we will learn about the importance of "scalability" and discuss the application of this concept to the development of an IPE curriculum. We will discuss common cultural, institutional/organizational, and logistical barriers and facilitators to the implementation of a sustainable IPE curriculum and design a relevant, sustainable, and scalable IPE activity using a flexible framework.
Session Outline
- Pre-session survey
- Large group presentation on the concept of "scalability" related to IPE curricular design
- Large group discussion about barriers to implementation of IPE curriculum within their institutions/organizations
- Brief introduction to a flexible framework approach to designing IPE curriculum
- Small group breakout session in which participants apply the flexible framework to start building an IPE activity
- Post-session survey/wrap-up

Presenters
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Wake Forest School of Medicine
Erich Grant
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Jennifer Jackson
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Timothy Peters
Wake Forest School of Medicine
Abstract Name: *The Impact of Co-located, Interprofessional Student Collaboration on Approaches to Geriatric Patient Care: Characterization of changes in Physician Assistant and Pharmacy student care plans given the same geriatric case vignette*

**Presentation Description**

**Background/Rationale:** Caring for elderly patients often requires management of several chronic diseases, requiring multiple medications. The complicated nature of these patients also demands strong interprofessional skills and shared-decision making in order to fully optimize patient care. Much work has been done evaluating changes in student knowledge and attitudes following interprofessional learning experiences. Less evidence exists, however, examining how co-located interprofessional learning impacts the way students examine and prioritize geriatric case work as well as how this experience impacts IPEC competencies and reduces professional stereotyping.

We have created a course allowing Pharmacy and Physician Assistant students to first evaluate a complex geriatric case individually and then evaluate the same case collaboratively in such a way that will demonstrate the value and challenges of interprofessional collaboration. Given the same geriatric case vignette, we aim to compare and contrast profession-specific approaches to geriatric care with subsequent analysis of how care plans change as a result of Pharmacy-Physician Assistant student collaboration. Additionally, we will evaluate how this experience impacts interprofessional competency growth and professional stereotyping.

**Methods:** In the Spring of 2017, 20 CUW Pharmacy students and 30 CUW Physician Assistant students will participate in a Geriatrics course that includes six hours of both independent and collaborative work on the same geriatric patient case vignettes. These cases will specifically examine profession-specific approaches to disease state management, polypharmacy, and the attribution of symptoms to medication side effects versus novel pathology. Additionally, students will learn how interprofessional co-location and collaboration can change the overall decision making process with complex geriatric patients. We will assess students before and after the course using the IPEC Competency Survey Instrument as well as the Health Team Stereotype Scale via qualtrics. Students will complete post-course surveys allowing for further qualitative data capture and analysis of how co-located interprofessional case work-up may change students’ approach to geriatric patient care.

**Results/outcomes:** Both the quantitative and qualitative results will be assessed while informed by the following working hypotheses: 1. Different patient management approaches and themes will emerge between the two professions after independent case work-up; 2. Co-located collaborative case work-up will leverage the expertise of each profession and result in appropriate clinical decision making; and 3.
Students will show growth in various IPEC competencies as well as a reduction in stereotyping (i.e., a more expansive view) of the other profession.

**Presenters**
Travis Suss  
Concordia University Wisconsin / PharmD, BCGP, Assistant Professor of Pharmacy Practice  
Michael Toppe  
PA-C, Assistant Professor of Physician Assistant Studies

**Authors**
Abstract Name: *Facilitating Interprofessional Research: Developing and Implementing an Umbrella Protocol for Interprofessional Education and Practice Research Projects*

**Category**  
Interactive Poster

**Theme**  
Education

**Presentation Description**

**Background**
Conducting quality research related to interprofessional (IP) education and practice is essential to moving us towards achieving the Quadruple Aim. A part of the mission of the Center for Interprofessional Education (CIPES) at Kansas University Medical Center (KUMC) is to improve the education of health professionals and quality of patient care through interprofessional research. However, submitting and receiving approval from the KUMC institutional review board (IRB) for research projects aimed at IP education and practice can be time-consuming, which can inhibit the conduct of valuable research. In an effort to minimize this barrier, we have created a Research Umbrella Protocol that expedites the submission and approval process for faculty and/or preceptors interested in conducting exempt-level research related to IPE. The purpose of this proposal is to describe the development and implementation of the Research Umbrella Protocol, and some of the benefits and challenges of this strategic initiative aimed at encouraging IP research at KUMC.

**Methods**
The IP Research Umbrella Protocol was developed for exempt-level research at KUMC. Exempt-level research is defined as “research conducted in established or commonly accepted educational settings, involving normal educational practices” and “research involving the use of educational tests, survey procedures, interview procedures or observation of public behavior”. The protocol is inclusive of research questions related to student, staff and faculty readiness for, experience with, learning through, perceptions towards, and behavior associated with IP education and practice. To participate, an interested researcher simply completes an abbreviated research protocol template, which is reviewed by the CIPES Assessment and Scholarship committee, prior to submission as an addendum to the already approved IP Research Umbrella Protocol. The abbreviated protocol template includes only the essential protocol information relevant to approval. Once submitted and approved as an addendum, the researcher is notified and research can then commence in a timely fashion.

**Results**
The IP Research Umbrella Protocol has been piloted with multiple projects, all of which have been approved in 2-3 weeks as addenda, as opposed to the 6-8 weeks that has been common for new project submissions. In addition, persons submitting the projects find the abbreviated protocol template to be much less time consuming than developing an entire protocol for a new IRB submission. From a coordination perspective, the principal investigator for the IP Research Umbrella Protocol needs to
ensure that projects are up-to-date, which necessitates effective communication with the contact persons for each addendum. In addition, the protocol review by the CIPES Assessment and Scholarship committee must be coordinated to maintain a timely addendum submission and approval. This process has opened doors for mentorship related to IP research between those submitting projects and individuals on the CIPES Assessment and Scholarship committee.

Conclusions
The IP Research Umbrella Protocol streamlines and expedites the submission and approval process for faculty and/or preceptors who are interested in conducting exempt-level IP education and practice research. This strategic approach removes barriers and encourages faculty and/or preceptors to conduct the IP research necessary to understand the impact of our educational and collaborative practice endeavors.

Presenters
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Authors
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University of Kansas Medical Center - Center for Interprofessional Education
Abstract Number: 240

Abstract Name: *Exploring Early Professional Socialization within Five Health Professions*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Effective and collaborative healthcare practice is influenced by early professional socialization experiences. We will present findings of a longitudinal, qualitative study examining early professional socialization among students from five health professional programs (dentistry, medicine, nursing, pharmacy, physiotherapy). This research, grounded in narrative methodology, seeks to understand how interprofessional collaboration can be enhanced at an earlier stage in the professional socialization process.

Health professional students (n=49) entering health professional programs at Dalhousie University, Canada in fall 2015 participated in repeat, 1:1, audiotaped interviews starting before formal orientation. Pre-entry interviews focused on factors influencing students’ career choice and expectations of their own profession and of early interprofessional learning and practice. Subsequent interviews – completed after the participants’ first term of study (n=44) and first year of study (n=39), respectively – focused on professional identity formation and interprofessional collaboration experiences throughout the first year of health professional training.

Findings suggest that participants chose the health professions out of a desire for career fulfillment and satisfaction. While participants ubiquitously emphasized caring, working with people and making a difference in the lives of others at the core of their decision to enter the health professions, myriad roles and experiences influenced their exact career choice and framed the social positioning of their future career (e.g., leadership, social prestige, autonomy).

Participants also described a lack of understanding of the other health professions and a perpetuation of historical stereotypes – both within their own profession and that of other health professions. Pre-entry conceptualization of their health profession continued to play a role in participants’ experiences as first year students. In some cases, participants’ prior assumptions about their health profession led to incongruence and dissatisfaction with their experience as a first year student in their respective program. Participants’ universally described that the opportunity for tangible learning within a practice setting was the critical turning point in the development of not only their own professional identity, but also provided meaningful exposure towards building respect for other health professions and setting a foundation for future interprofessional collaboration.

To our knowledge, this is the first study to explore early professional socialization and professional identity over time among several health professional student groups. Insight into how the various health
professional roles are conceptualized among health professional students provides valuable direction for pre-entry career choice messaging and refining or enhancing early interprofessional education. Findings will be used to strengthen initiatives that promote positive professional identity formation within the context of interprofessional collaboration and respect at an earlier stage in professional training.

Presenters
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Dalhousie University

Authors
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University of London, Kingston and St. George's
Cynthia Andrews
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Joan Almost
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Hossein Khalili
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Meaghan Sim
Dalhousie University
Abstract Name: *Measuring the Impact of IPE: A System Designed to Assess IPE Activity Yield and Resource Utilization*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background**
Interprofessional education (IPE) has become a part of many health professions’ curricula with inclusion in some accreditation standards. While many IPE activities are being conducted, it is sometimes difficult to understand the impact of these activities. At Kansas University Medical Center (KUMC), the Curriculum Committee of the Center for Interprofessional Education (CIPES) has developed a relatively simple system to better understand both the yield and resource utilization of all IPE activities being conducted at KUMC. The system was developed taking into considering current thought and literature related to best practices in IPE.

**Methods**
Prior to developing the system, persons experienced with IPE both locally and nationally spent time dialoguing about what constitutes a high quality IPE activity. From a practical perspective, the cost or resource utilization aspect of IPE was also discussed. Through trial and error, an algorithm was developed to produce two separate scores (range = 0 to 10), one representing Yield and the other representing Resource Utilization. Factors used to calculate the Yield Score include 1) the IPEC competencies addressed, 2) whether or not the activity is embedded into the curricula, 3) the level of outcomes being assessed, and 4) the setting in which the activity takes place (e.g. didactic or experiential). Factors used to calculate the Resource Utilization Score include 1) faculty time, 2) staff time, 3) supplies, and 4) space used. Contextual factors associated with these scores include the number of professions involved and the number of learners involved. To facilitate ease of scoring, a simple Google survey was developed that feeds into a Google spreadsheet, where the Yield and Resource Utilization Scores are calculated.

**Results**
Once calculated for each IPE activity, these scores can be plotted as a scatterplot to observe relative Yield and Resource Utilization of all IPE activities across the institution. For the approximately 20 IPE activities at KUMC, the Yield Scores range from 2.46 to 8.65 whereas the Resource Utilization Scores range from 0.46 to 7.74. These scores can be a useful means of giving feedback to the leads of each IPE activity. While this system was developed mostly with the intention of quantifying the yield and resource utilization of each IPE activity, its development has helped to refine our understanding of high quality IPE and has become a resource for identifying how to improve existing and develop robust future IPE activities. In addition, in a time when funding for IPE is limited and sustainability is important, this system can allow leadership to make more judicious decisions about which projects should be funded.
Conclusions
At a university where IPE activities are abundant, a better understanding of the relative yield and resource utilization of each IPE activity can assist IPE activity leads with improving the quality of their IPE activity, aid in the development of sustainable and high quality IPE, and enable institution leadership to make effective decisions related to IPE support.

Presenters
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University of Kansas Medical Center - School of Health Professions - Physical Therapy and Rehabilitation Science
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University of Kansas Medical Center - Center for Interprofessional Education

Authors
Abstract Name: Essential Content and Approaches for Interprofessional Faculty Development: An Experiential Workshop and Lessons Learned from the National T3 Program

Category
Interactive Workshop

Theme
Education

Presentation Description

Background/rationale: A cadre of faculty and clinicians are needed to expand the development, implementation, and evaluation of interprofessional (IP) education (IPE) and collaborative practice (IPCP) around the world (Gilbert, Yan, Hoffman, 2010). Building on a successful pilot IP faculty development program in 2012-2013, IP teams from three Universities in the United States (University of Virginia, University of Missouri, and University of Washington) developed, implemented, and assessed a National Train-the-Trainer (T3) Interprofessional Faculty Development Program (Hall & Zierler, 2015; Abu-Rish Blakeney et al., 2015). T3 sites collaboratively identified essential core content as well as interactive teaching approaches aimed at developing IP faculty and clinical teams to be competent developers and facilitators of IPE and IPCP. Currently, 44 teams (179 participants) have been trained from around the United States. By the time of the CAB VI Conference, each site will have offered >four, 3.5 day long in-person training sessions which include pre-work in advance and are followed by webinars and team coaching calls with T3 facilitators. During this interactive workshop participants will experientially engage with T3 content, approaches, and lessons learned.

Engagement methods: During this workshop we will utilize T3 program design principles of short didactic bursts (no more than 15 minutes), followed by interactive participant engagement with T3 program content. Please see the session outline below for more detail.

Session Outline (60 minutes total; *note: over 40 minutes of this time will be interactive):
1) Welcome/Overview (10 minutes)
   a) Welcome & Introduction of facilitators (2 mins);
   b) “What is the T3 program?” (5 mins);
   c) Plan for the hour (2 mins)

2) Impromptu Networking (12 minutes) (2 mins instructions, 8 mins activity (60 seconds/person), 2 mins debrief)
   a) Prompt = “What do you hope to get from and give to this faculty development workshop?” [*Interactive—introduces interactive liberating structures and has participants engage and build connections with each other on meaningful topics]

3) Brief Update on T3 Program Content, Approach, and Lessons Learned (8 mins)
4) 1-2-4-all (12 mins)
a) Participants burning questions about IP Faculty Development and/or the T3 Program (discussion happens at 2, 4, and all levels with debrief at end).
[*Interactive—invites creative and innovative engagement with the challenges of IP Faculty Development]*

5) Troika Consulting (12 mins) (2 mins instructions, consulting round 1 (one participant = client; two participants = consultants) 8 mins, 2 mins debrief)
a) Prompt = “What faculty development challenge are you currently facing or anticipate facing in the next 6 months?”
[*Interactive-- allows participants to get practical and imaginative help immediately on a faculty development challenge]*

6) Workshop Debrief (6 minutes)
a) Guiding Questions: What went well? What could go better? What’s one thing you’ll take away from this workshop?
[*Interactive—engages participants in reflecting on their experience as well as provides feedback on the workshop and the T3 program]*

**Presenters**

Erin Blakeney  
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University of Washington School of Nursing and Center for Health Sciences Interprofessional Education,
Abstract Name: Clinical Instructors’ Perceptions of Interprofessional Practice and Education

Background/Rationale: Similar to other health professions, interprofessional education (IPE) has been identified as a key component of expansion of the Physician Assistant (PA) profession and is a required area of instruction for PA program accreditation. While there is increasing momentum behind the IPE movement across all health professions, a recent Cochrane review concluded that there are a low number of quality studies on IPE and the results have been mixed. Health professions educators generally accept that IPE is occurring during clinical education, however, few studies describe IPE interventions and outcomes in clinical settings. This study was designed to explore clinical instructors’ perceptions of interprofessional practice in clinical settings, the nature and variety of students’ interprofessional interactions during clinical education, and factors that facilitate or limit those interactions.

Method/Methodology: This qualitative study involved semi-structured interviews with a purposive sample of clinical instructors from a single program to assess perceptions of interprofessional learning in clinical settings. Interviews were audio-recorded, professionally transcribed, and then analyzed through an iterative process to identify key conceptual themes.

Results/Outcomes: Fourteen clinical instructors, comprised of physicians and PAs, were interviewed. Key conceptual themes include that clinical instructors (1) define interprofessional practice in different ways, (2) believe IPE happens through student participation in patient care, (3) keep students apart in clinical settings to avoid diluting learning experiences, and (4) facilitate IPE by introducing students to other members of the team and role modeling team communication.

Conclusions: Qualitative research is not intended to produce generalizable results, but allows for deep exploration of the perceptions related to the research topic. The findings of this study provide new understanding of clinical instructors’ perceptions that can inform teaching and evaluation strategies as well as further research. Health professions educators may enhance IPE at clinical sites by educating clinical instructors about IPE terms, learning objectives, and methods of evaluation. This should involve student interaction with other members of the health care team in direct patient care. Clinical instructors may also have to be deliberate in providing different types of health professions students with opportunities to interact with one another. Making introductions and role modeling are IPE teaching methods that all clinical instructors may incorporate into students’ clinical education.

Presenters
Nicholas Hudak
Duke University PA Program
Betsy Melcher
Abstract Number: 246

Abstract Name: Advancing TeamSTEPPS® within Interprofessional Primary Care

Category
Oral Presentation

Theme
Practice

Presentation Description

Teamwork is essential among interprofessional healthcare teams to improve patient safety and outcomes. TeamSTEPPS® is an evidence-based program used to advance teamwork. This presentation will describe how TeamSTEPPS was successfully integrated into an interprofessional primary care delivery redesign at Loyola University Health System (LUHS) as part of a HRSA-funded grant (#UD7HP26040). The purpose of this grant was to redesign the LUHS ambulatory care to a community based model of interprofessional collaborative practice and patient centered medical home at two interprofessional primary care sites. These sites became clinical sites for Loyola University Chicago’s health professional schools. The redesign taught interprofessional groups of providers and students how to work as a team using the four interprofessional competencies: learn values of both providers and patients, describe the roles of each provider, apply professional communication techniques, and work as a team. TeamSTEPPS in primary care education resources were incorporated into the education initiatives, but it became clear that more refinement and adaptation was needed. We applied the educational model of promoting knowledge through didactic lectures, applying content to develop skills using case analysis, and transforming attitudes using simulation for each competency. Recognizing that the providers were experts in primary care, the entire site professional and staff members became part of our research team to develop and test these modules. Participants will learn how simulation was embedded within the clinic work day over a week to test TeamSTEPPS knowledge, skills, and attitudes, with debriefing occurring at the next clinic staff meeting. The presentation will include teaching methods and lessons learned. Participants will be shown where to access the free on-line modules as well as examples of a case study and simulation.

Presenters

Leann Horsley
South Dakota State University
Lisa Burkhart
Loyola University Chicago
Authors
Abstract Name: Implementing an Integrated Curriculum Model: Lessons Learned

Category
Oral Presentation

Theme
Education

Presentation Description

Background:
For decades, interprofessional education (IPE) has been relegated to the domain of extracurricular learning at many post-secondary institutions, including the University of British Columbia (UBC). In 2015, UBC adopted a new integrated curriculum approach as a way to implement interprofessional learning as a required component of its health professional programs. The integrated curriculum model focuses on specific content areas and supports learning that is unique to each profession; seeks economies of scale for foundational knowledge using technology; and includes components that focus on interprofessional learning, allowing students to develop competencies for collaborative practice as identified in the Canadian National Interprofessional Competency Framework. Ethics was used as an exemplar, with integrated eHealth, Indigenous Cultural Awareness and Resiliency curricula currently under development. Since its initial delivery, the Ethics curriculum has been implemented as a requirement in twelve health professional programs at UBC. The integrated curriculum approach has provided a number of lessons learned throughout its development, and implementation.

Methods:
The integrated curriculum model was created by a working group of educators, with expertise in ethics, curriculum design, or a combination, in order to enhance learning around ethical practice. An advisory group, comprised of student, patient and community representatives, was also consulted during the development of the model. Partners in this initiative included program Deans and Directors and Curriculum Coordinators, who committed common protected time for students to come together for the interprofessional components. One-on-one consultations were completed with program partners to ascertain how the curriculum model could be integrated into specific programs, and identify assessment strategies. To measure the impact of the integrated curriculum model, students and facilitators completed online surveys after participating in the integrated ethics curriculum.

Outcomes:
Lessons learned include:
- Generating commitment from program leadership - as programs strive to meet accreditation standards related to IPE, this can be used to create buy-in for new models of curriculum delivery.
- Selecting the right topics – topics should be chosen in consultation with programs and address complex
areas of health care that benefit from a collaborative approach.

- Bringing together multidisciplinary groups of content experts – having input from each profession will ensure all students are able to see themselves in the learning.

- Leveraging technology – technology-enabled learning can facilitate the delivery of key content in preparation for face-to-face learning.

- Being flexible – the curriculum content and delivery must be flexible enough to meet program needs.

- Implementing protected time – designating specific time across programs for interprofessional components of the integrated curriculum facilitates the implementation of more than one curriculum.

The integrated curriculum model has:

- Created a common curriculum around ethics for the health and human services programs at UBC

- Increased the number of interprofessional learning opportunities students engage in

- Enabled students to develop competencies for collaborative practice

- Assisted programs in meeting their accreditation standards by providing mandatory IPE learning opportunities within program curricula

Conclusion

The integrated curriculum model promotes a common approach for the planning, development, and implementation of curricula in a variety of health care topics for interprofessional learning.

Presenters

Christie Newton
BC College of Family Physicians

Authors

Victoria Wood
University of British Columbia
Salimah Valiani
University of British Columbia
Abstract Name: *Making it Stick: Transformational Leadership to Successfully Implement and Sustain Interprofessional Innovations*

**Category**
Interactive Workshop

**Theme**
Leadership

**Presentation Description**

**Background/Rationale:**
Leadership is a key ingredient for conceptualizing, developing, implementing and sustaining innovations. Given that the process of developing and implementing innovations in interprofessional education and practice requires engaging particularly diverse stakeholders and changing organizational culture and process, leading interprofessional innovations requires specific skills in leadership. These leadership demands change as innovations evolve from the initial phases of development and implementation to the other end of the continuum, which involves refining and sustaining the work. To explore leadership of innovations, the presenters will engage participants in an interactive session, drawing from theory, evidence and personal experience. After being introduced to principles of transformational leadership and the diffusion of innovation theory, participants will analyze case studies in various stages of the development of interprofessional innovations. Participants will examine the innovation-decision process, identify key strategies for effective leadership in the different stages of an innovation as it moves to maturity and learn how to address each type of adopter in the diffusion of innovations continuum- the innovators, early adopters, early majority, late majority, and laggards. Participants will leave the session with concrete tips, tools and action plans for effectively leading interprofessional innovations across the development spectrum at their institutions.

**Engagement methods:**
Large and small group discussions, case study analysis, think-pair-share, individual reflection and action planning

**Session outline:**

Minutes 0-5 (5 min) Plenary - Introduction of presenters, Icebreaker: reflection to guide active participant engagement

Minutes 6-10 (5 min) Plenary - Summary of literature review, Theory of Diffusion of Innovations and Transformational Leadership (informational handouts will be provided)

Minutes 11-15 (5min) Plenary - Introduction to case study
Minutes 16-35 (20 min) Small Group Work - Participants will work on a case study, each group will tackle a different stage of innovation in which they have interest and a facilitator who will guide a discussion of the case study and participants’ experiences in developing and implementing IPE, including specific obstacles faced, and allow for creative thinking about application of Theory of Diffusion of Innovations and Transformational Leadership to overcome challenges and effectively lead IPE innovations across the development continuum. Participants will first work individually to reflect on the case, then pair with a partner, and then share with their table group.

Minutes 36-45 (10 min) Group Reports & Large Group Discussion with Q&A (presenters will summarize input on flip charts)

Minutes 46-55 (10 min) Individual Reflection and Work in Pairs - Development of Action Plans (Action Plan handout will be provided) Individual work—reflection and identify goals for application at home, Pair share —participants will share their plans and receive feedback from a partner.

Minutes 56-60 (5 min) Plenary - Wrap up & closing remarks

Presenters
Memoona Hasnain
University of Illinois at Chicago
Meg Zomorodi
The University of North Carolina at Chapel Hill
Lauren Collins
Thomas Jefferson University
Laura Hanyok
Johns Hopkins University

Authors
Abstract Number: 257

Abstract Name: Developing the Direct Observation of Team Interactions (DOTI) for Interprofessional Student Team Behaviors

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Clinical experiences on interprofessional teams are intended to foster healthcare students’ competency in collaborating with other health professionals, but effective team learning remains difficult to evaluate. Direct observation of student team interactions can provide valuable insight into teamwork processes, but such observations must be precise (valid and reliable) and are generally time-consuming and expensive to routinely conduct by external observers. This presentation focuses on the in-progress development of the Direct Observation of Team Interactions (DOTI) as an evaluation tool for the new clinical education model, I-LEAP (Interprofessional Learning Exchange and Practice)(1) at Case Western Reserve University. The instrument is designed to compare ratings of team behaviors among external observers, clinical preceptors and student team members.

After a foundational course on teamwork, I-LEAP student teams of five early learners, (first year medical, dental, physician assistant, social work and advanced practice nurses) are integrated into clinical settings for weekly rotations over 13 weeks. Team members work collaboratively in a variety of clinical functions including expanded assessment, care coordination and health education for patients identified by the placement site. Site preceptors provide clinical expertise as needed, but leave teams to apply collaborative behaviors to accomplish their work. Briefly, the effectiveness of I-LEAP will be evaluated through multiple methods including direct observation, self-report, qualitative analysis of feedback/reflection, tracking logs for team productivity, and eventually patient and site outcomes.

Methods
We designed DOTI to systematically assess a team’s collaborative behaviors through direct observation, seeking to measure agreement from different perspectives. From a literature review and NEXUS inventory of measurement instruments(2), the included DOTI behaviors align with the IPEC competencies and map to the I-LEAP model and curriculum. Using a rapid cycle improvement process, an interprofessional team of faculty/preceptors iteratively applied the instrument to refine the categories, determine usability, and reach consensus on the behaviors and rating scale. Repeated use by different observers revealed that a two-part instrument is better suited to capture specific, discrete occurrences of skills using a checklist format separately from global ratings of team behaviors. Psychometric properties of the global rating instrument are underway followed by inter-rater reliability within each rater group and concordance across the rater groups.

Results
DOTI includes 15 broad behavioral categories associated with effective teams. Specific, observable components of each behavior comprise the DOTI checklist using a 4-point scale. For DOTI global ratings, the behaviors are anchored on a 10-point scale with descriptions of poor (ratings 1-3) to exceptional behavior (ratings 8-10), incorporating checklist descriptors. Students, preceptors, and external observers independently rate team interactions with the DOTI (checklist and global) for comparison. Data from 50 clinical team interactions and 76 classroom interactions will be available for presentation.

Conclusion
As part of evaluating the I-LEAP clinical education model, we developed the Direct Observation of Team Interactions (DOTI) to systematically assess an interprofessional student team’s collaborative behaviors in a clinical setting. We aim to establish the precision of student and preceptor assessment of team behaviors, compared to external observers, using both a checklist and global rating format.

Presenters
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Authors
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Scott Wilkes
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Carol Savrin
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Rita Pappas
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Njoke Thomas
Case Western Reserve University, Weatherhead School of Management
**Abstract Name:** Evaluating Interprofessional Endeavours – Practical Steps and Tools

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

The interprofessional community has been struggling with the identification of tools and methods to evaluate the impact of its interprofessional endeavours. The complex nature of interprofessional education (IPE) and interprofessional collaborative practice (IPCP) creates difficulties when attempting to establish impact through traditional approaches. Such complexity is inherent for an activity that involves the interactions of varied professions, their interrelationships, partnerships between educational and clinical organizations, and is further complicated by the layering of such educational collaborative activity into the complex context of clinical care (Reeves et al 2010). Attempts to collate evidence on effectiveness have been hampered by heterogeneity in program design, delivery, objectives, program outcomes and methodological limitations (WHO, 2010). Although studies have reported some positive outcomes, it has not been possible to draw general inferences about the effectiveness of IPE or IPCP through such traditional methods. Indeed consistent calls have been made for the adoption of new approaches that embrace the complex nature of IPE and IPCP (Barr et al, 2000; Cooper et al 2001; Hammick et al 2007; Davidson et al 2008).

This workshop provides opportunities for participants to consider and apply theory driven approach to program evaluation and program design or re-design. Participants will be provided with opportunities to uncover how their program is expected to work and identify contextual factors that may be impacting their program outcomes.

The workshop uses a mixture of small group work, real life case studies, and large group discussion.

1. Round table introductions and activity sharing
3. Examining key questions for your IP activities: what works, for whom, in what circumstances, in what respects and why? – Facilitated work in pairs with provided materials
4. Theory knowledge integration - Small group work will engage participants in applying evaluation approaches to their IPE / IPC activities.
5. Group Feedback
6. Conclusions – presenter summarizes the discussion and provides additional resources for those who may be interested.

**Presenters**

Barbara Maxwell
A.T. Still University
Authors
A key component of the Canadian Interprofessional Competency Framework (2010) is leadership. The competency of collaborative leadership is defined as “learners and practitioners working together with all participants in the health system of the country to formulate, implement and evaluate care/services to enhance outcomes”.

The U.S., like Canada, developed their own framework for interprofessionalism in their Core Competencies for Interprofessional Collaborative Practice (2011). Although Leadership is not a specific competency in the US Core Competencies, it is subsumed in each competency by a focus on value driven decisions, roles, communication, and teamwork – all broad leadership concepts and competencies.

Health care providers need to be educated on how to demonstrate leadership. It is critical that we need leaders in each profession to come together as a team to produce outcomes necessary to achieve population health.

How do we prepare our students to be leaders? And, how do we teach them to lead an interprofessional team. Can each member of the team be a leader, will it be a functioning team if this is the case? More importantly, what leadership skills are taught in the professional programs and what leadership skills are appropriate for interprofessional courses on leadership.

The purpose of this presentation is to discuss the required leadership competencies that guide curriculum development in Canada and the US for dentistry, dietetics, medicine, nursing, occupational therapy, pharmacy, physical therapy, rehabilitation therapy and social work programs. The accrediting bodies and their curricular expectations for leadership content and competencies for each profession will be reviewed. Finally, the development of a graduate interprofessional leadership course for health sciences at The Ohio State University will be discussed.

Presenters
Thomas Graham
The Ohio State University
Abstract Number: 263

Abstract Name: Debriefing for Interprofessional Simulation

Category
Oral Presentation

Theme
Education

Presentation Description

a) Rationale – Interprofessional simulation can lead to improvements in teamwork and patient safety, yet there are considerable challenges in planning and implementing effective interprofessional debriefings. Key elements to be considered for generating meaningful learning conversations include developing interprofessional learning objectives, scheduling debriefing training, developing debriefing guides, and facilitating negotiation among debriefers. Faculty may also need specific training in modeling interprofessional behavior and avoiding tribalism.

b) Methodology – Successful interprofessional debriefing begins with learning objectives that meet the needs of all professions involved in simulation. Faculty/staff involved in the debriefings need specific training on how to conduct the debriefing as well as how to openly negotiate when co-debriefing with other professions. Adhering to a specific debriefing structure is also necessary for learning to occur in debriefing. Our team uses the PEARLS model for all interprofessional debriefings as it is suitable for multiple levels of expertise among faculty, some of whom may be new to debriefing. Our team has also found that the room and seating arrangement of the learners and debriefers can impact the learning conversation during debriefing.

c) Outcomes – Our group has two case examples of interprofessional debriefings that have resulted in meaningful learning for those who participated. The first example involves the Community Action Poverty Simulation which was created by the Missouri Community Action Network. Our team has trained over 41 interprofessional faculty and staff within our institution to lead small group debriefings at the end of this large-scale poverty simulation. We use a structured debriefing guide with the same logistical setup in every debriefing session. During the 2015-2016 academic year, 548 learners completed the poverty simulation. Learners came from nursing, social work, dentistry, medicine, public health, physical therapy, physician assistant, international studies, biomedical sciences, and genetic counseling programs. Of the 548 learners who participated, 94% agreed or strongly agreed that the simulation was a valuable experience; 92% agreed or strongly agreed in recommending the simulation to others.

d) Our second case example involves an interprofessional intensive care unit simulation, including six different patients, designed for seven different professions. For this interprofessional simulation experience, we use a three-phase debriefing approach: first, an in room debriefing focused on the clinical case; second, a whole group debriefing focused on role clarity and management of the critical patient; and third, an individual profession debriefing led by faculty members from that profession. Debriefing guides have been developed for each of the three phases, and faculty are encouraged to openly negotiate with one another in all phases of debriefing in this course. Over the past 3 years, we have had 534 learners and their faculty participate in this simulation, from nursing, medicine, respiratory therapy, physician assistant, clinical lab science, nuclear medicine, and physical therapy programs. Learners have consistently rated this simulation as a valuable learning experience.

e) Conclusions – We have found that effective interprofessional debriefing requires planning, with respect
to learning objectives, debriefing training, purposeful room arrangement, and open negotiation among debriefers. A debriefing structure and debriefing guide are beneficial to facilitating meaningful learning conversations.

Presenters

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Authors
Abstract Number: 265

Abstract Name: Nursing and Social Work Undergraduate Students Working Together: Heroin Overdose Treatment

Category
Discussion Group

Theme
Education

Presentation Description
This discussion group will focus on an inter-professional heroin overdose simulation experience. Indiana University social work and nursing students meet twice annually in a simulation lab to provide care for patients in a mental health crisis. The simulations are based on real life experiences that both professions face in a medical setting. These simulations have been video recorded for educational purposes. The selected video simulation highlights social work and nursing students providing crisis care to a heroin overdose patient and his family. The video demonstrates how students communicate during and after crisis de-escalation, and provide opportunities for community supports. Participants will take an active role identifying characteristics that are relevant to student learning including roles, diagnosis, treatment, and discharge. Further, small discussion groups will evaluate the strengths, gaps and limitations to the video SIM learning experience and come up with ways to address gaps and limitations to improve learning outcomes.

Presenters
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Tammi Nelson
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Authors
Abstract Number: 266

Abstract Name: *Building a culture of health: interprofessional tools to expand oral health education and workforce capacity*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/rationale:**
Like other chronic diseases, oral health conditions are unequally distributed across the population and remain a major source of health care disparities. A 2011 Institute of Medicine (IOM) report called for the creation of an expanded interprofessional workforce with the capacity to address oral health as a population health issue. An additional IOM report, Improving Access to Oral Health Care for Vulnerable and Underserved Populations, recommended that non-dental health care professionals fill this role in oral health care. Subsequently, in 2014 the US Health Resources and Services Administration (HRSA) released a follow up report, The Integration of Oral Health in Primary Care Practice, which identified core interprofessional oral health clinical domains and competencies. Primary care intervention and public health initiatives to prevent oral disease and promote oral health practice are increasingly recognized as important in achieving a culture of health. In 2010, the National Interprofessional Initiative on Oral Health (NIIOH) launched a collective impact strategy engaging multiple health professions to integrate oral health into primary care education and practice. This presentation provides information about two national oral health integration tools designed to increase knowledge and skills of an expanding interprofessional oral health workforce. The initiative advances activities that facilitate interprofessional learning and agreement and creates tools that promote a culture of shared responsibility for oral health across health professions. Smiles for Life (SFL), is a free, online interprofessional oral health curriculum endorsed by 17 professional groups and 6 health professions. The Oral Health Delivery Framework is a practice integration model described in the 2015 white paper, “Oral Health: Essential Component of Primary Care”, and supported with the recent publication of the Oral Health Integration Implementation Guide and accompanying toolset. The presentation provides an overview of these resources and recent data that supports their use.

**Method/methodology:**
Data collection tools and evaluation data on the uptake and integration of these tools tracks national diffusion and outcomes of oral health integration including the results of a survey sent to all 5,312 registered users on the SFL website who had completed one or more of the eight online courses in 2013 or 2014.

**Results/outcomes:**
Smiles for Life has now been viewed by over 750,000 users. Over 170,000 courses have been completed. A recent follow up study of users documents the curriculum has impacted clinician and educator behavior on six specific oral health activities. Twenty national organizations endorsed or supported the Qualis Health White Paper representing diverse stakeholders from public health dentistry, community dental programs, rural health, family medicine, nursing and various other health professions.
The Oral Health Integration Implementation Guide has now been piloted and evaluated at 19 sites across the US. Data will be available for presentation at the conference.

Conclusions:
These two resources are valuable tools that are driving transformation in interprofessional education and practice.

Presenters
Anita Glicken
National Interprofessional Initiative in Oral Health

Authors
Melinda Clark
Albany Medical College
Abstract Number: 270

Abstract Name: Hackathon: Let’s hack complex health problems in an interprofessional team together with patients

Category
Interactive Workshop

Theme
Education

Presentation Description
In several curricula in Nijmegen, the Netherlands, we are looking for innovative educational methods to organise interprofessional education with explicit patient participation. We want our students and trainees to experience their individual strengths and weaknesses in a team, to experience the benefits of interprofessional collaboration and to feel that they have a potential to change traditional patterns in (lack of) collaboration in health care.

The Radboud University Medical Centre and the university of applied sciences (HAN) are working with ‘Hackathons’: an innovative and interprofessional interactive method in education and collaboration. The word Hackathon is formed by the words ‘hacking’ and ‘marathon’. Hacking means that we are trying to find a solution for complex problems with an experimental approach. The word marathon stands for the (relatively short) amount of time in which a lot of energy is invested in solving the problem. This method has very positive student evaluations. We would love to share our experiences with an interested public. Experiencing a Hackathon is a very strong way to get to know the benefits of this educational innovation.

During this interactive workshop participants will experience a part of this Hackathon-method in immediate presence of patients and/or caregivers (given distance by live-stream connection). We will also have a brief discussion about how we apply the Hackathon at Radboud University Medical Center. At the end of the workshop participants reflect on the pros and cons they see for this educational innovation in their educational setting at home.

Session outline & engagement methods:

Introduction & interactive Presentation
• Welcome, introduction of workshop leaders, explanation of the Hackathon method
• Flash presentation about experiences of students and patients of the Hackathon at Radboudumc.

(flash presentation, good practices)

Forming groups based on types of cooperation
• Interactive game of behavioral preferences in cooperation, based on Jungian type index. (extraversion-introversion; sensing-intuition; thinking-feeling)
• After this game, participants form mixed sub-groups
(Knowing your preferences in cooperation, interactive learning-game)

Running a part of Hackathon components
• short introduction of the patient’s problem
• Skype session (live) in which the patient explains her/his experience where interprofessional collaboration was needed and the extent to which collaboration succeeded and failed.
(In the unfortunate case the skype connection would not work, we will call the patient and talk via speaker)

• Discussion in sub-groups: participants define questions to ask the patient. By defining questions they develop an interprofessional view on the complexity of the problem

• Subgroups present their questions for the patient; patient responds (through Skype connection).

(interprofessional collaboration, patient-centered, team discussion with patient)

Benefits and Cons
• Participants will reflect on this learning experience in duos.
• Participants digitally post the pros and cons they see for this educational innovation in their educational setting at home (by the app ‘padlet’)

(Reflecting and brainstorm in duos, digitally posting)
These posts can be sent by e-mail to all participants when the workshop is finished).

Closing

Presenters
Natasja Looman
Radboud University medical center
Marjon Breteler
Advocacy Officer Interprofessional Learning

Authors
Lia Fluit
Head of Research on Learning and Education
Nynke Scherpber-de Haan
Head of primary care specialty training department
Abstract Number: 271

Abstract Name: *A Program to Enhance Interprofessional Education in Pre- and Post-Licensure Health and Social Care Professional Education in Newfoundland and Labrador (NL)*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/rationale**

Memorial University in Newfoundland and Labrador (NL) has been a leader in developing, implementing and evaluating innovative Interprofessional Education (IPE) across the learning continuum of health/social care professional education. IPE is an accreditation requirement for most health/social professional education programs. It also leads to collaboration-ready health/social professional graduates (1). Effective Interprofessional Collaboration (IPC) has been linked to improved patient safety and staff morale (2). Until recently, IPE has been offered almost exclusively in university/college classrooms, although recently there has been increasing recognition of its importance in practice settings (3). Because health/social professional student learning and practice also occur outside university classrooms and with professionals not trained at the university, a more comprehensive approach to IPE must be developed.

We have identified a number of significant challenges hindering the optimization of IPE in post-secondary systems and IPC in health/social care settings in NL including:

- insufficiently developed partnerships for undergraduate IPE
- lack of practice-based learning sites, particularly in the community
- insufficient focus on patient engagement
- post-licensure IPE limited in focus, resources, delivery tools

These impediments significantly impact the development and maintenance of interprofessional competencies which affects the ability of health care practitioners to work collaboratively in practice settings. In response to these challenges, we are developing a province-wide, pre- to post- licensure IPE curriculum blueprint and evaluation framework.

The objectives of this project are to:
1. Develop partnerships and conduct IPE needs/capacity assessments with post-secondary educational institutions, Regional Health Authorities, affiliated government departments (Health and Education), and community agencies that represent patient/client groups.
2. Develop pre- and post-licensure IPE curriculum and evaluation plans that will:
   - meet partner IPE needs
   - build upon IPE capacity
o educate and inform current and future health care workers across NL

Method/Methodology

Through the development and nurturing of partnerships with key stakeholders, Memorial will design and co-create this patient-centred, evidence-based IPE curriculum blueprint and evaluation framework with and for our partners. This is being achieved through surveys, key informant interviews, and frequent stakeholder consultations in addition to an extensive literature review on best practices in IPE curriculum development and evaluation.

Results/Outcomes

Objective #1 will be evaluated through the documented completion of the needs/capacity assessments and communication of results to partners. Objective #2 will be evaluated through the documented completion of the IPE curriculum blueprint/evaluation framework and the consultative process with partners to confirm the framework meets their needs.

Conclusions

Developing partnerships has identified an appetite on the part of key players to work towards expanding and reorganizing the model for IPE in NL. There is broad recognition of the importance of a provincial approach to building and enhancing collaborative practice in the health care system. This project will create a collaborative of key partners who can effectively address both barriers and enablers to a provincial IPE curriculum. This presentation describes the process identified to achieve the overarching goal of creating a provincial, patient-centred, evidence and needs-based IPE curriculum and evaluation framework for NL and the preliminary outcomes of the process.

Presenters

Chelsey McPhee
Memorial University of Newfoundland
Olga Heath
Memorial University of Newfoundland
Adam Reid
Memorial University of Newfoundland

Authors

Brenda Kirby
Memorial University of Newfoundland
Andrew Wells
Government of Newfoundland and Labrador
Penelope Rowe
Community Sector Council
Abstract Name: Development of Interprofessional Education Awareness in a Small Private Catholic University

Presentation Description

In Spring 2015, a task force was created to examine and create IPE integration across all Health Science programs in a small college setting. The College of Health Sciences at Misericordia University includes the departments of Diagnostic Medical Sonography, Medical Imaging, Nursing, Occupational Therapy, Physical Therapy and Speech-Language Pathology.

- Description: The task force consisting of representatives from each of 6 departments examined current practices, curriculums, resources, and benefits/challenges of IPE prior to creating a guiding mission and vision. This mission and vision set a foundation for faculty development and student education. During this 12 month development period, the task force created an internet presence on the University website, presented faculty education workshops, and student activities supporting the core competencies of interprofessional education and collaborative practice.

- Preliminary Results:
  Benefits - Interprofessional awareness has grown, all student activities have had positive feedback, shared resources have created more rewarding opportunities for growth. Research agendas have developed from this initiative.
  Challenges - Resources, time, space, and financial support are limited. Demands of time on the task force members can be daunting. Outcome collection and management is burdensome.

- Relevance: IPE development is a formidable task with many benefits to faculty and students that outweigh the challenges. By sharing these results, the presenters hope to support those considering program development and gain insight from those who have negotiated these obstacles.

- Recommendations for Educational Settings: IPE initiatives create positive learning environments despite the challenges. The support of our peers and open interactive dialogue from those with experience can continue to support development and growth toward collaborative practice.

Presenters
Laurie Brogan  
Misericordia University  
Sheryl Goss  
Misericordia University  
Gina Capitano
Authors
Presentation Description

Background/Rationale
It has been well-established that each health care profession has a unique culture, its own language and competencies. With the rapid evolution of models and environments of delivering health care, the need to understand and collaborate in leadership roles is vital to optimal quality outcomes. Leadership is understood differently between professions. While authors have examined leadership across and within select professions1,3, none has brought multiple professions together to discuss how key attributes are defined within their professions2.

The intent of this discussion is to discuss key attributes of leadership and their impact in health care delivery, examine individual professions’ perspectives on leadership and suggest common goals of moving to a better understanding of common leadership competencies for all health professions.

Precirculated lists from cited references will be discussed using a “pair and share” approach and then small group discussion to follow in randomly assigned mixed-profession small groups. Group findings will then be shared collectively with the larger group to identify similarities and differences across professions. The goal of the sharing exercise is to establish common themes and competencies that could serve as the frame for defining collaborative healthcare leadership. From this we will examine collectively, how these key attributes can be realized to improve quality outcomes in health care teams.

The anticipation is that multiple professionals will attend and contribute to the session. The outcomes of the discussion will serve as the foundation for an future interprofessional publication on shared leadership attributes and stimulate further discussion within and between health professions.

Facilitation Methods (Plan for Interaction)
1. Introductions, presentation of different leadership values and models, including collaborative leadership’s value and variation within contexts (10 minutes)
2. Individuals pair off and describe how attributes are manifested within their profession (5 minutes)
3. Small groups of mixed professions discuss leadership attributes key within and between different professions (10 minutes)
4. Small groups share with large group (10 minutes)
5. Wrap up and summarize findings with implications for what and how we educate on leadership (5 minutes)

Relevant Materials
Lists of key leadership attributes as summarized from the literature
Presenters
Heather Hageman
Center for Interprofessional Practice and Education at Washington University Medical Center
Gary Tithecott
Schulich School of Medicine & Dentistry, Western University, London, ON
Elaine Lillie
Interprofessional Education and Curriculum Development, University of Waterloo School of Pharmacy
Gerri Lamb
Center for Advancing Interprofessional Practice, Education and Research, Arizona State University

Authors
Abstract Number: 274

Abstract Name: *Nuts and Bolts of Implementing a Multi-Institution Collaboration for IPE – Alignment Across Cultures & Processes – Getting Started*

**Category**

Interactive Workshop

**Theme**

Leadership

**Presentation Description**

Presentation Description

Background/Rationale

- Implementation of interprofessional education and collaborative practice (IPE/CP) is difficult enough within a single institution but challenges are compounded in multi-institution collaborations.
- There are many publications which describe these issues but lack practical solutions when establishing the structure of a multi-institutional interprofessional collaboration. It is our intent to describe three different collaborations and offer materials (organizational charts, operating guidelines and professional development plans) that can help those facing barriers augmented when multiple institutions are involved.
- The big three highlighted are alignment of cultures2, identification of leadership and governance structure3 and coordination of policies/processes1.

**Engagement Methods**

1. Table Discussion
2. Popcorn report out of table discussions

**Session Outline**

I. Presenter Introductions (5m)

II. Description of issues major institutions face when implementing interprofessional education and practice across separate institutions, and how they are augmented when multiple institutions are involved (5m)

- Alignment of cultures – Unique cultures and language exist within professions and specific education programs, and are compounded by differences in institutional cultures. Time and experience is needed to build the trust to work across these differences.
- Coordination of policies/processes – Even within a single institution educational programs may have their own policies/processes, but it is almost guaranteed that institutions will not have common operational policies/processes.
- Identification of shared leadership and governance structure – Governance of an interprofessional education and practice effort is increasingly complex the more institutions you add. All need a voice in the decision making process and may have competing priorities.

III. Presentation/Discussion of Topics: One collaboration will introduce a topic for 5 minutes followed by
7 minutes of table discussion focused on that topic. Practical materials from the three collaborations will include organizational charts, operational guidelines, and professional development plans.

• Issue 1 (12m): Alignment of cultures - Vanderbilt
  o Discussion Questions:
  1. What factors underly the motivation to collaborate across Institutions? (or, how can we use a needs assessment approach to investigate where opportunities for collaboration exist across Institutions?) The goal is to build a partnership where each party believes they are gaining value.
  2. Multiple institutional partnerships must model collaborative practice to design novel programs, what strategies are needed to create clarity around how problems (barriers) are discovered, communicated and solved?
  3. How do you build commitment (through time, faculty or other resources) that will ensure the successful partnerships during transition of leadership?

• Issue 2 (12m): Coordination of policies/processes – Johns Hopkins/Notre Dame
  o Discussion Questions:
  1. What categories could be added to the operational guidelines to make the collaboration run more smoothly?
  2. What guidelines do you have in place locally?

• Issue 3 (12m): Identification of (shared?) leadership and governance structure – CIPE at WUMC
  o Discussion Questions:
  1. What are the pros and cons of each of the organizational structures?
  2. Which is most applicable to your current situation?

V. Large group sharing of lessons learned (10m)

VI. Summary/Questions (4m)

Presenters
Heather  Hageman
Center for Interprofessional Practice and Education at Washington University Medical Center
Gloria Grice
Office of Experiential Education and Professor of Pharmacy Practice at St. Louis College of Pharmacy
Laura Hanyok
Johns Hopkins University School of Medicine
Anne Lin
Notre Dame of Maryland University School of Pharmacy
Heather Davidson
Vanderbilt Program for Interprofessional Learning (VPIL), Vanderbilt University School of Medicine
Bonnie Miller
Vanderbilt University School of Medicine

Authors
Abstract Name: Interactive video training for challenging interprofessional education facilitation experiences

Category
Interactive Workshop

Theme
Education

Presentation Description

Background/Rationale

Interprofessional education (IPE) programs struggle with how to best develop facilitator skills to manage the complex interactions inherent in small IPE group activities (1,2). IPE curricula are increasingly being offered in longitudinal small group format to more closely simulate the healthcare team practice environment. For facilitators, this format provides opportunities and challenges. The opportunities involve the numerous “teachable moments” that occur within an established interprofessional group due primarily to the development of trust between facilitator and group members. Two significant and perennial challenges include engaging students in activities that they may perceive as unimportant or unrelated to the “real” curriculum of their professional program, and optimizing teachable moments related to the complex dynamics of interprofessional team functioning including professional stereotyping, power hierarchies, and conflict.

In response to this need, experienced interprofessional facilitators developed, implemented and evaluated a training program based on the literature, adult learning principles (3) and feedback from facilitator focus groups. The training program designed to develop the requisite facilitation skills to manage issues that may arise during small group IPE learning activities comprises multiple methods of instruction. Video-based modeling of realistic scenarios is one method in which we replicate two challenging issues: student disengagement and professional power hierarchies. Each vignette encompasses a brief interaction between facilitator and students during which the facilitator is challenged and faced with a dilemma that must be resolved to optimize IPE team functioning. The video depicts three facilitator management options: ignoring, directly confronting, or processing the situation. For each video vignette, facilitators in the training intervention discuss the perceived advantages and disadvantages of each management response.

The training program was evaluated through random assignment of facilitators to either the control group, who received standard training (primarily focused on the logistics and basic group dynamics with no video-based modelling) or the intervention group, who received standard training plus the video-based modeling. The two groups were compared on:
1. Self-reported changes in IPE facilitation knowledge, skills and confidence levels and
2. Student rating of their facilitators.

Engagement Methods
The workshop will engage attendees in multiple ways. We will have numerous opportunities for participant questions and discussion during the didactic presentation of the facilitator training program including the theoretical underpinnings. Attendees will participate in simulation of the video-based modeling method as we demonstrate the facilitator training intervention. Workshop participants will have the opportunity to experience the actual interactive video training and test their abilities to manage challenges encountered during facilitation of small group IPE learning activities.

Workshop Outline:

1. Welcome and Introductions (3 minutes)
2. Description of the interactive video training program for challenging interprofessional education facilitation experiences (7 minutes)
3. Brief description of method to evaluate the training program (comparing video-based modeling method with standard facilitator training) (5 minutes)
4. Simulation of the interactive video training program (40 minutes)
5. Summary of the interactive video training program evaluation results (5 minutes)

Presenters
Olga Heath
Memorial University of Newfoundland Centre for Collaborative Health Professional Education
Tanis Adey
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Caroline Porr
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Abstract Number: 277

Abstract Name: Incorporating Creativity Enhancing Pre-licensure Interprofessional Education: A Team Project Case Study.

Category
Interactive Poster

Theme
Education

Presentation Description

Background / Rationale

Evaluation results from a decade of undergraduate Interprofessional Education (IPE) at Memorial University suggest that students react better to interprofessional learning activities that are interactive and collaborative rather than didactic or distributed. (1) Creative arts-based education approaches have shown to be effective in developing a number of skills related to collaborative patient-centred practice, including reflection, emotional awareness, and empathy. (2, 3) These findings comes to bear on the Interprofessional Education: Skills Training (IPST) program by having students prepare and present subsequent team projects over 2 years in consistent interprofessional teams. The first of these projects is on the topic of Team Functioning; interprofessional teams are given autonomy for the format of their project presentations and are provided an assessment rubric which explicates presentation content requirements. This case study poster will present and discuss one such team project which incorporated an innovative, creative arts-based approach seldom reported in IPE research and practice.

Method / Methodology

IPST student teams were required to develop a project (PowerPoint presentation, role play, interactive activity, creative production, etc.) that could be presented in 10 minutes or less which demonstrates their understanding of the professional and team functioning roles of the team members involved and the importance of patient-centred care, professionalism, and cultural respect. Faculty facilitators for each team informed their students that the format of each project was left deliberately open to the team’s discretion to allow students to experience and learn from the team dynamic processes involved in collaboratively creating the project. Student teams presented their projects to a panel comprising IPST facilitators and fellow students, who in turn provided feedback using the same rubric that guided team project development. Team projects were rated along three dimensions - interprofessional team member representation, demonstration of professional and cultural respect, and evidence of student teamwork.

Results / Outcomes

In the four-year history of the IPST program, student teams have chosen a variety of formats for their presentations, frequently choosing PowerPoint lectures, interactive game-shows, video and live role-plays to demonstrate their knowledge of the IPE content. In this case, students in this interprofessional
team chose to represent their understanding using a collection of interconnected abstract paintings. Each painting depicted visually a uniprofessional perspective on health/social care. When assembled, the paintings portrayed the image of a whole person in the centre; as the students submitted, “all the paintings come together to showcase the most important aspect of all of our healthcare-related professions, patient centred care.” Panelists reacted very positively to the creative and curricular components of the project, with mean rubric scores ranging from 3.20 to 4.00 out of 4.00.

Conclusions

This case exemplifies how creative arts-based learning provides a compelling and powerful alternative for students to demonstrate their knowledge of IPE concepts and skills, while at the same time enabling deeper engagement and reflection with IPE curricula.

Presenters

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Memorial University of Newfoundland Centre for Collaborative Health Professional Education
Member Representative IPST Student Team
Memorial University of Newfoundland

Authors

Brenda Kirby
Memorial University of Newfoundland Centre for Collaborative Health Professional Education
Melanie Murphy
Eastern Regional Health Authority
Abstract Number: 279

Abstract Name: How to start and sustain a successful interprofessional student-run free clinic: Linking the classroom to clinical practice

Category
Interactive Workshop

Theme
Education

Presentation Description
Student-run free clinics (SRFCs) provide gratis services to uninsured and medically disadvantaged populations in need of primary health care. The popularity of SRFCs continues to grow and as of 2014, 106 SRFCs were identified within 141 medical schools in the United States (1). These community-based clinics are primarily established through academic medical centers, mostly operating in partnership with community agencies, shelters, and churches (2). Through these academic-community partnerships, SRFCs provide opportunities for health professions students to engage in “real world” practice contexts to enhance development of clinical skills (2). In addition, these service learning clinics offer interprofessional interactions to teach students the importance of teamwork and collaborative practice (3). Seif et al. (2014) propose that students engaged in “hands on patient care” at an SRFC as part of an interprofessional service learning course demonstrate improvement in “measures of interprofessional behavior and their perception of clinical reasoning skills” when compared to peers who do not volunteer in an SRFC (5).

This interactive workshop will highlight a successful model for a SRFCs and lessons learned. Active learning will be infused throughout the workshop and participants will leave with a multi-year roadmap (guide) on how to start and sustain an interprofessional SRFC. Topics of discussion will include: background and research of SRFCs, how participation in SRFCs positively enhances healthcare education, steps for setting up a SRFC, personal experiences from faculty involved in a SRFC, and examples of how student participation increases preparation and performance on clinical fieldwork and entry-level practice.

Engagement methods: Participants will be introduced to the background and research on student-run free clinics. Presenters will describe how to set-up and run a successful SRFC including examples of innovative interprofessional initiatives facilitated through a SRFC. Participants will then conduct an environmental scan of their institution to determine resources for a SRFC. Each participant will build a multi-year road map (guide) for his/her SRFC model and present to fellow workshop participants.

Session Outline:
10 minutes – Background and research on student-run free clinics
10 minutes – Examples of models for SRFC including specific roles for faculty mentorship and student leadership
20 minutes – Participants complete environment scan of institution and develop model for own SRFC
15 minutes – Participants share models with fellow workshop participants
5 minutes – Workshop conclusion and questions
Presenters
Patty Coker-Bolt
Medical University of Southern Carolina
Gretchen Seif
Medical University of South Carolina
Amanda Giles
Medical University of South Carolina
Sara Kraft
Medical University of South Carolina
Craig Velozo
Medical University of South Carolina

Authors
Abstract Number: 280

Abstract Name: *Design Thinking Sprints: Exploring the Patient Experience*

**Category**  
Interactive Workshop

**Theme**  
Education

**Presentation Description**

The seemingly insurmountable challenges facing today’s healthcare system need to be addressed with creative, innovative thinking by our policy makers, leaders, frontline providers and our patients. Design Thinking is a process that can begin to address our healthcare system’s challenges. Design Thinking is a collaborative, problem-solving process aimed at brainstorming ways to understand and enhance the human experience (Kolko, 2015). The healthcare industry is primed for innovative, creative thinking that transforms what we know as the “typical” patient experience into the “ideal” patient experience. Additionally, there is a need to develop practitioners who understand the human experience and have strong empathy skills (van de Grift & Kroeze, 2016). During this hands-on workshop, we plan on sharing our experience with a series of sprint-style work sessions with interprofessional students representing nursing, medicine, psychology, and biomedical engineering. Each 2-hour session centered on a specific health-related topic such as end-of-life care, caregiver experiences, Type II Diabetes and the hospital birth experience. Volunteers from the community with unique experiences in the topic areas served as our clients and voices of inspiration during the sessions. Students were guided through the empathy, defining and ideating phases of the Design Thinking process. The experience fostered new insights into common patient experiences as well as facilitated creative ways of thinking about common health-related problems. Our team decided that the best way to share this learning experience with our peers was to guide them through a similar design thinking, sprint style exercise focusing on a common healthcare problem.

Participants in this workshop will be introduced to the concept of Design Thinking and how we applied the process with a group of interprofessional students (Objective 1). Following the brief introduction, we will guide participants through a sampling of the exercises we used in the sprint workshops. These exercises will include a number of creative thinking activities that can be used with a group of students to promote teamwork, brainstorming and flatten existing hierarchies (Objective 2). Following this warm-up, small groups will work through the first three phases of the design thinking process (empathy, define, and ideate) with a specific health challenge prompt (Objective 3). We chose “waiting rooms” as the focus for this workshop because it represents a familiar environment to most people. Participants can reflect on their experiences as caregivers as well as personal experiences as patients or family members in waiting rooms. We are asking participants to think about challenges associated with traditional waiting rooms and how could they be transformed into an ideal environment. Small groups will report out to the larger group their ideas and how they arrived at those solutions. Following this hands-on portion we will discuss lessons learned from our experience and potential future directions for this style of interprofessional learning and collaboration to include opportunities using Maker technologies.
- Introduction – 10 minutes
- Warm Up (Kelley & Kelley, 2013)- 5 minutes
- Small groups Intro- 5 minutes
- Small Group Work- Design Process- 30 minutes
- Closing – 10 minutes

Presenters

Genevieve Beaird
UVA/VCU
David Chen
University of Virginia
Victoria Tucker
University of Virginia
Dhruv Desai
University of Virginia

Authors
Examinations of the various facets of interprofessional education (IPE) have focused predominantly on the graduate-level, leaving much to be explored regarding IPE at the college-level. Although there are a few examples of IPE programs and courses at the undergraduate level, there is a dearth of evidence of/for curriculum and program development, the experiences and training of students and faculty, as well as the cultivation and maintenance of a collaborative culture that sustains shared understanding, respect, and trust within this specific realm of pre-professional training. The University of Delaware (UD) College of Health Sciences (CHS), in its desire to promote interdisciplinarity, team-learning experiences, and collaborative teaching, has recently appointed (9/16) an Associate Dean of Interprofessional Education (AD-IPE). The AD-IPE’s first mission is to integrate IPE within curriculum of the health pre-profession majors. Given the lack of road-maps on how to develop, promote, and sustain IPE at the undergraduate-level this auto-ethnography (of the AD-IPE, a sociologist and trained qualitative scholar) will serve as a case-study, spotlighting the barriers and facilitators associated with curriculum development and enhancement, fostering and engaging “buy-in” from faculty and administration, negotiating space (and cultivating place), assembling a team, and the process of centralizing these efforts. Utilizing existing examples, the IPE-related competencies outlined by IPEC, various professional schools accreditation standards, IPE-specific toolkits, Kotter’s 8-step change model, and previous IPE literature, the AD-IPE has outlined specific directives and this report will discuss the assumed achievements and perceived macro-, meso-, and micro-level challenges stemming from the process thus far (by the conference), and in turn, hopefully serve as a guide for the preliminary stages of developing a threaded IPE at the college-level for other innovators and leaders.
Authors
Abstract Name: Using the Five Dimensional Model for Interprofessional Ethics

Category
Interactive Workshop

Theme
Education

Presentation Description
Interprofessional practice works well when each profession is respected for its unique contribution to the resolution of complex problems; yet our traditional structures do not readily accept multiple voices or viewpoints for shared dialogue. Educators assume that ethics is an ideal target for interprofessional education since every professional must develop the ability to deliberate on ethical dilemmas and demonstrate professional virtues. In contrast to this assumption, interprofessional ethics educators encounter numerous challenges inherent to the field of ethics, including multiple ethical theories, different ethical terminology, and a variety of decision-making approaches across various professions. Students and practitioners from different professions learn different decision making approaches that may also incorporate contrasting ethical theories and languages. As a result of these differences, there is no common language, theory, or approach to use in interprofessional ethics education and practice. The lack of a “moral commons” for ethical discussion is a significant challenge for interprofessional ethics.

An additional challenge for interprofessional ethics is that many ethical approaches focus on moral agency for the individual professional without consideration for the collective ethical obligations of the team (team moral agency). Few professionals develop the ability to engage in moral discourse and respond to ethical issues collectively as a team.

In this interactive workshop, participants will be introduced to the five dimensional dialogic model (FDDM) for interprofessional ethics. The Five Dimensional Dialogic Model for Interprofessional Ethics is an interprofessional ethical model that includes a process for establishing an interprofessional moral commons as a foundation for addressing team moral agency. This model incorporates a process for bridging differences and ethical approaches. This workshop will use the FDDM to respond to a case of interprofessional ethics. In small groups, each group will distinguish individual and team moral agency for the case, and develop a plan of action for individual team members and the interprofessional team.

The workshop concludes with a discussion of approaches used in teaching interprofessional ethics, and the challenge of cultivating the moral commons and moral discourse for interprofessional teams in today’s challenging health care environment.

Engagement:
Participants in the workshop will identify their preferred ethical tradition/language, reflect upon why this is their preferred ethical tradition, and contrast their preferred tradition to others. Participants will then analyze an interprofessional ethics vignette using the four major ethical traditions: Rule-Based, Ends-
Based, Virtue-Based, and Narrative-Based. Following this introduction to the Five Dimensional Dialogic Model, participants will work in small groups to review the interprofessional case vignette and describe the ways in which each of the four traditions could be used in interpretation of the case. Given such identification, use of the Five Dimensional Dialogic Model will be enacted by participants role playing exploration of the ethical issues using the FDDM. Lessons learned through these experiential activities will be shared during debriefing to identify key action steps that participants can implement in their own settings.

Presenters
Laura Lee Swisher
University of South Florida; School of Physical Therapy & Rehabilitation Sciences
Gail Jensen
Creighton University
Charlotte Royeen
Rush University Medical Center

Authors
Abstract Name: Developing a Sustainable Model for Institutionalizing Interprofessional Health Care across Pre-Professional Programs: A Complex Leadership Paradigm

Background

Interprofessional healthcare education (IPE) at the pre-professional level is critical to meet the changing healthcare landscape in the United States. The Center for Interprofessional Healthcare Education (CIHE) at Quinnipiac University was established in 2011 to provide opportunities for pre-professional students to internalize the core competencies established by the Interprofessional Education Collaborative-IPEC(1). The CIHE evolved from a committee of 34 individuals representing eight different departments. The committee’s passion for preparing students for excellence in team-based healthcare combined with administrative support from the Schools of Nursing, Health Sciences, and Medicine, facilitated its creation. Expanding formal curricular IPE offerings created complex leadership challenges, including negotiating the wide range of professions’ ideas, language, schedules, and accreditation standards. The CIHE’s Director recognized a different leadership style, namely the Complexity Leadership Model(2,3), was needed to promote the enculturation of the principles of IPE.

Methods

Complexity Leadership Theory(3) highlights the importance of adaptive leadership. While traditional administrative leadership requires managers to negotiate expected problems using prior knowledge and procedures, adaptive leadership is emergent and informal in that it occurs at all levels of the organization when new learning and innovative thinking are needed. Adaptive leadership is key to creating sustainable IPE because the path to successful institutionalization cannot be forged solely by the will of administrative leaders. Rather, moments of innovative problem-solving by stake-holders at all levels create unexpected and creative ideas. The Complexity Leadership Model(2) supports the multiplicity of contexts that are associated with IPE such as emergent instructive patterns, competing ideas of different professions and accreditation agencies, and of the diversity of faculty with innovative ideas. The model also encourages shared leadership, allowing patterns to emerge through interaction of a diverse group of leaders. Additionally, complexity leadership supports themes emerging in IPE literature such as fostering the development of new patterns of education and avoiding the temptation to fall back into previous patterns of education that may be simpler, such as solo educational practices of individual professions. By switching to the Complexity Leadership Model, the Director became more inclusive of other leaders and implemented a more complex system for budgeting that allowed for the sustainable
development of learning opportunities for students and faculty alike.

Outcomes

Several outcomes evolved from the adaptive leadership paradigm. These included: a Faculty Fellowship in IP program; developing a combined budget system of operational-endowed-and grant funding; a system of signature learning experiences presented in a menu format for program implementation; and a program of IP Distinction focused on the importance of co-curricular out of the classroom learning in interprofessional healthcare.

Conclusions

Utilizing the complexity leadership approach for IPE has led to significant implications for the institutionalization of IPE at Quinnipiac University. The formal development of IPE under this approach has been slower, but more sustainable. The shift in leadership style has resulted in numerous positive outcomes, including: increased capacity of faculty, multiple venues for student engagement, an embedded IP curriculum for all health schools, a system of recognition of faculty contributions, and a layered system of financial support.

Presenters

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Authors
Abstract Number: 288

Abstract Name: Multi-institutional validation of the Student Perceptions of Interprofessional Clinical Education-Revised instrument, version 2 (SPICE-R2)

Category
Interactive Poster

Theme
Education

Presentation Description

Background: The validity and reliability of the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R) instrument has been demonstrated.(1) A large exploratory study involving 1708 students across 5 academic institutions yielded an improved model structure.(2) The primary aims of this study were to confirm the model structure of version 2 of the instrument (SPICE-R2), which consists of 10 items overall spread across 3 subscales (Interprofessional Teams and Team-based Practice [4 items], Roles/responsibilities for Collaborative Practice [3 items], and Patient Outcomes from Collaborative Practice [3 items]), and to demonstrate external validity and reliability in a broad population of health professional students.

Methods: The SPICE-R2 instrument was adopted for use at three large public academic institutions in the United States: Louisiana State University Health Sciences Center, University of Wisconsin-Madison, and Virginia Commonwealth University. Data from overlapping health programs across institutions were pooled, representing 810 early learners from medicine (MD, N=383), nursing (BSN, N=270), and physical therapy (DPT, N=157). Confirmatory factor analysis was utilized to assess construct validity. Goodness of fit was evaluated using standardized root mean squared residual (SRMR, desired value \(dv\) <0.08), comparative fit index (CFI, \(dv\)>0.95), and root mean square error of approximation (RMSEA, \(dv\)<0.06). Cronbach’s alpha (>0.8 good, 0.7-0.8 acceptable) was calculated to determine overall and subscale-specific reliabilities. Correlation coefficients (\(dv\)<0.85) for subscales and regression weights (\(dv\)>0.7) for items were calculated to evaluate relationships between variables within the instrument.

Results: The SPICE-R2 instrument provided acceptable fit for all subjects (SRMR 0.05, CFI 0.96, and RMSEA 0.09), good reliability overall (i.e., all 10 items) at 0.83, and acceptable-to-good reliability across subscales (teams/teamwork 0.74, roles/responsibilities 0.72, patient outcomes 0.83). Overall profession-specific reliabilities were good: medicine (0.82), nursing (0.86), physical therapy (0.86). Subscale reliabilities were acceptable-to-good for all professions (range 0.72-0.86), except for roles/responsibilities and patient outcomes for physical therapy (0.61 and 0.69, respectively). Inter-factor correlation coefficients were positive and below 0.85 (range 0.3-0.6). For all subjects, 80% (8/10) of regression weights for items met the desired threshold. This percentage varied according to profession: medicine 70%, nursing 90%, physical therapy 60%.

Conclusions: The model structure for the SPICE-R2 instrument was confirmed in this multi-institutional study involving 810 medical, nursing, and physical therapy students at three large public academic institutions in the United States. Data specific to physical therapy indicated suboptimal fit and
questionable reliability for two subscales, which warrants further investigation. The authors recommend use, and continued study, of the SPICE-R2 instrument moving forward.

Presenters
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Abstract Name: *Practice-Based Interprofessional Learning: An Implementation Checklist*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**

**Background**
The primary goal of interprofessional learning (IPL) is to enable interprofessional person-centred care thereby improving health outcomes. Experiential training involving real-life issues in practice (also named clinical placement, practicum, fieldwork etc. by different professions) is considered an essential component of successful IPL. Implementing practice-based IPL opportunities (IPLOs) for pre-licensure learners presents an endless array of complexities. The project goal is to offer health professional pre-licensure learners and residents a practice-based IPLO in tobacco cessation embedded in existing curriculum. One project deliverable is to engage a growing number of practice environments to offer practice-based IPLOs in tobacco cessation. To enable such scale up, the objective of this presentation is to share the implementation checklist developed through the experiences of a pulmonary rehabilitation team (PRT) at Deer Lodge Centre, Winnipeg, Canada.

**Methods**
A practice-based IPLO working group (WG) representing academia, practice and policy was established to develop learning objectives and learning format. The WG was guided by several theories and frameworks and built on previous IP clinical placement experiences involving the University of Manitoba and the Deer Lodge Centre.

Eleven senior learners from five different health professions were purposely recruited by the IP practice champion from the PRT to participate in a pilot project offered the week of November 23, 2016. Planning and implementation strategies were documented which informed the preliminary draft checklist for future refinement.

**Results**
The implementation checklist included the following elements:

**Practice-academia-policy partnership:** This triad partnership is fostered through cross representation on committees and WGs, knowledge dissemination undertakings including communiqués and presentations, and a web based community of practice. Such a partnership is critical for sustainability and widespread implementation.

**Processes:** Recruit an IP practice champion to: 1) identify a timeframe with the greatest number and diversity of health profession learners; 2) communicate with and secure permission from senior management, members of mentoring practice environment, discipline specific clinical placement coordinators (university) and preceptors (practice); 3) recruit students and clients; and 4) coordinate, supervise and facilitate the IPLO.

**The IPLO:** The IPLO occurred over one week involving: a one hour orientation; IP student teams
interviewing one client and developing an IP care plan through email correspondence facilitated by the IP practice champion; face-to-face, supervised recommendations with the client; and a one-hour facilitated debrief.

Evaluation: To improve subsequent IPLOs, ongoing evaluation is critical. A research assistant was hired to complete research ethics and site access applications, obtain student and client consents, and for data collection, entry and analysis.

Conclusions
Although universities play a critical role supporting the implementation of practice-based IPLOs, the proposed implementation checklist demands significant leadership, IP expertise and commitment from practice environments. The checklist will be revised as informed by future iterations of practice-based IPLOs offered by a growing number of practice environments.
This pilot identified the need for practice-based IP facilitator training and learner assessment and feedback, the unexpected benefit of generating IP case studies for non-practice IPLOs relevant to tobacco cessation and the realization that the implementation protocol has relevance to practice environments beyond tobacco cessation.

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Abstract Number: 291

Abstract Name: Implementing and Leading Collaborative Lean Performance Improvement Culture in an Interprofessional Primary Care Clinic

Category
Oral Presentation

Theme
Leadership

Presentation Description
Transformation of healthcare is derived from building cultures of collaboration and a culture of continuous improvement. The elimination of defects (patient safety issues and workforce inefficiencies) supported by Lean methodology can only occur when Lean culture is woven into the fabric of an organization. The Lean method of process improvement requires strong leadership to support ground up ideas from the individuals responsible for the day to day processes. Interprofessional collaborative care advances these same concepts of quality and safety, leading to improved health outcomes.

Skills in team building and the understanding of group dynamics are indispensable for the next generation of healthcare leaders. Two components to successful Lean implementation are creation of a Lean Culture and elimination of departmental boundaries that impedes flow throughout care delivery. Everyone in the organization must understand that healthcare is a system, and that for a system to function properly, all of its parts must work together.

Two process improvement initiatives focus on patient safety and organizational effectiveness; Interprofessional Education (IPE) and Lean. However, healthcare leadership does not always support the two synchronously and provides siloed approaches to the two. A novel approach includes the addition of healthcare administrators to the interprofessional clinical team to facilitate Lean process improvement and promote a culture of quality and safety. By blending Lean research and practice, workflow and process improvement initiatives are implemented with greater efficiency with patient-centered care as its focus.

Leadership as healthcare educators and practitioners should collaborate to teach and practice IPE and Lean synchronously instead of autonomously. IPE competencies such as Patient Centered Care, Evidence Based Medicine / Management, Value for the Customer / Patient, Roles and Responsibilities, and Respect intertwine with the goals of Lean process improvement.

The presentation is designed to provide examples of how one interprofessional nurse practitioner led primary care clinic utilized practitioners and students from curriculums of Nurse Practitioner, Social Work, Occupational Therapy, Pharmacy and Health Administration to collaboratively access and redesign workflow and process improvement initiatives to improve efficiency; always working collaboratively as a team with the goal of patient centered care and patient safety as its focus.

Lean performance improvement tools included Gemba walks, workflow with workflow diagrams,
communication boards to provide status of ongoing projects, project management software with Gantt charts, A3 diagrams to assess progress of large projects and more. The collaborative culture embraced by Lean has served a dual purpose to strengthen our Interprofessional goals and competencies. Examples of how the clinic created processes to create a Lean culture by capturing Everyday Lean Ideas (ELI’s) with ELI originators, ELI owners, positive recognition celebrations, ongoing education to staff will be shared.

Conclusions: The overlap between IPE and Lean are more similar than different. Leadership as healthcare educators and practitioners should focus on teaching and practicing the two synchronously.

Presenters
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Abstract Name: It Matters Where You Sit: Building the Case for Intentional Co-location to Improve Interprofessional Rapport

Optimal patient care depends on high functioning interprofessional teams. One of the key pillars of a high functioning team is a strong sense of rapport amongst its team members. It is therefore important to intentionally develop models of care that allow opportunities for interprofessional rapport building to occur. Lessons learned from a novel interprofessional geriatric ambulatory care clinic will be shared to spark discussion about the various ways to build rapport amongst health and social care teams. The impact of a co-located interprofessional geriatric health team will be discussed as it relates to interprofessional rapport and the experience of health professions students rotating through this clinical rotation site. Additionally, modes of communication within a healthcare team, including utilization of an Electronic Health System (EHS) versus face-to-face interaction will be explored. Discussion participants will be asked to share experiences regarding interprofessional rapport amongst interprofessional teams at their respective practice sites. Participants will also be asked to explore ways in which schools of health professions could improve coordination to expand opportunities for interprofessional rapport building during student clinical rotations.

Specific facilitation activities:

1. Discussion participants will be asked to break into pairs to discuss their workplace and their interactions with those who they sit closest to at work. How does this proximity affect rapport or collaboration with that individual?

2. Discussion participants will play the ‘One Question’ Game: Participants will break into pairs and consider the situation where an individual from another profession is moving their primary workstation right next to yours. What is the one most important question that needs to be asked of that person in order for you to feel confident that successful collaboration will be able to occur? The pairs will work together and construct a list of possible questions before deciding on one overarching question to ask. Once the participants have selected their question, they will be asked to share their question and rationale with the rest of the groups.

Presenters
Travis Suss
Concordia University Wisconsin School of Pharmacy / PharmD, BCGP, Assistant Professor of Pharmacy Practice
Michael Oldani
Abstract Number: 295

Abstract Name: *Impact of Integrating Dietetic Interns into an Interprofessional Team Seminar*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Registered Dietitians (RD) face two significant challenges to contributing their full scope of training to interprofessional (IP) care teams. First, the lack of involvement in IPE experiences to develop skills and confidence to advocate for their full-scope of contributions to patient care. Second, other professionals lack understanding of RD’s training and therefore they are often underutilized. Literature indicates that integrating RDs in IPE increases both self-efficacy and communication skills of RDs as members of the care team, and significantly increases other professions awareness of the contribution of RDs and higher utilization/referral to RDs in practice.

To address the above, Saint Louis University developed a profession-specific case enabling dietetic interns to participate in an interprofessional team seminar with students from seven other graduate level health professions. The patient case was a complex diabetic who experienced a fall while cooking, resulting in a bad burn. The case includes complex family and work issues and a family history of substance abuse related to pain medication.

Students engaged in a three-stage team discussion. First, each profession identified concerns and care issues associated with in-patient care and hospital discharge. Students had to negotiate care priorities and understand the concerns and recommendations of others to come up with a coordinated discharge plan. At stage two, the team received additional information of the patient’s status at a10-day follow up visit with their primary care provider. The patient had deteriorated significantly and was at high-risk of hospital readmission. Students discussed the patient’s status and determined an IP care plan to prevent further deterioration while addressing the patient’s needs and goals. The teams identify factors that contributed to poor adherence and outcomes 10 days after discharge. In the final step, teams applied quality improvement methods, reviewing their plan at discharge, studying outcomes at PCP follow up, revising the team-care planning process using factors learned at follow-up to improve the discharge plan and coordination of care.

28 dietetic interns participated in three sections with different interprofessional teams of students. Interns were coached by faculty between sections to identify strengths and challenges to improve engagement with the IP team in the next section. At the end of three sections, the RD Interns completed a written critical reflection and a retrospective, pre-post assessment of IPEC core competencies associated with the case. All other health professions students (over 650) competed case worksheets including core learning/take-away points from the seminar.
Evaluation Questions: 1) How did the IPTS experience change RD’s skills and confidence to identify and describe attributes of effective-team based care (IPEC Competencies?). 2) How did the IPTS impact (a) the RD Interns’ ability to more fully demonstrate their contribution to the care team; and (b) the other health professions students understanding of the RD scope of training/contribution to care?

Two dietetic interns worked with RD and IPE faculty on the analysis of the data as part of their master’s degree requirements. Outcomes of both quantitative and qualitative assessments will be presented with key lessons learned and recommendations for future improvements.

Presenters
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Abstract Number: 298

Abstract Name: *Virtual Interprofessional Education: An Innovative, Technology Driven Approach*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background: Interprofessional (IP) education and practice are advocated in healthcare to reduce medical errors and improve patient care and outcomes (IOM, 2003). Recommendations include IP teamwork that begins during training so that knowledge, attitudes and skills for collaboration form pre-graduation. This is challenging given the current constraints of clinical education, which is bound by space, location, off-campus clinical rotations and conflicting academic schedules. New approaches need to be developed, tested, refined and implemented if academic settings are to provide high quality, high impact IP education.

Method: An innovative Virtual Interprofessional Learning (VIP) platform using state-of-the-art technology to engage learners in a variety of IP clinical learning opportunities across disciplines, universities, and geographies. The VIP platform is a virtual health care setting utilizing Avatars (virtual actors with characteristics of a real person in an online environment). The Interprofessional Education Collaborative Core Competencies (IPEC, 2011) guided development of the VIP with a focus on patient care quality and safety and IP communication competencies. Students complete the Institute for Healthcare Improvement (IHI) root cause analysis and communication modules to build baseline knowledge before entering the virtual environment. Then, via the VIP platform and Avatars, the students interactively conduct a root cause analysis through a complex case in an asynchronous virtual world scenario. Unique to the evaluation plan is the ability of the VIP platform to assess a number of IPEC competencies through automated scoring, populating at the end of the virtual student experience. Additional evaluation tools include focus groups, a self-assessment of IP practice in patient care and a user experience tool.

Results: Utilizing a virtual, asynchronous platform for IP education, students’ IP collaborative knowledge, attitudes, and skills increased. Data collected through automated scoring, focus groups and questionnaires found an increase in IP knowledge, attitudes and preference for innovative virtual and asynchronous IP experiences that are accommodating to schedules, geographical locations and various programs of studies.

Conclusions: Virtual Interprofessional Learning is an innovative approach that will help advance IP education from siloed, limited experiences to accessible, innovative and interactive opportunities that are not bound by time or place. The VIP platform is portable, exportable and generalizable and will promote incorporation of IP education in a wide variety of clinical scenarios and locations.

**Presenters**
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Abstract Name: Designing an interprofessional Indigenous health course in response to the Truth and Reconciliation Commission of Canada’s 24th Call to Action: Reflections on collaboration and content

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Rationale:
The Truth and Reconciliation Commission (TRC) of Canada advanced 94 Calls to Action in 2015. The 24th Call to Action stated the following:
"We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism."

In response to this Call to Action, the University of Alberta has decided to develop an Interprofessional Indigenous Health Course for students across multiple faculties in the Health Sciences - a two-year project with funding from our university’s Provost Office. This purpose of this project is to discuss the first year of this course’s development.

Methods:
Since the Fall of 2016, an Indigenous Health Working Group comprised of academic staff members representing the Health Sciences Faculties (Nursing, Medicine and Dentistry, Public Health, Rehabilitation Medicine, Agricultural, Life and Environmental Sciences, Pharmacy and Pharmaceutical Sciences, and Physical Education and Recreation) and the Faculty of Native Studies, have met regularly to develop the framework for an Indigenous Health Course to be launched in 2018.

Results:
To date, we have drafted a content outline for twelve distinct modules in collaboration with Indigenous stakeholders, students, and community members. While these consultations have informed an initial course structure, we anticipate several important challenges in terms of curriculum design and delivery. Our project will focus on three distinct yet interlocking areas of course development: First, we discuss our preliminary collaborations with Indigenous stakeholders and elaborate upon our decisions related to curriculum design and content; second, we discuss the interprofessional character of our course and outline some of the complexities inherent in coordinating/delivering an Indigenous health course across multiple faculties with varying levels of coursework already devoted to the subject matter; finally, we discuss our future plans for course delivery and sustainability.

Conclusion:
Collectively, our project demonstrates the collaborative process we have adopted as we move into our second year of course development. Our preliminary observations are that coordinating the development and delivery of an interprofessional Indigenous health course grounded in Indigenous knowledge is challenging and ultimately revealing of the broader work that is required to ‘Indigenize’ the academy.

**Presenters**
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Abstract Number: 301

Abstract Name: Hierarchy and Communication in Case Reviews: Discontinuity between What Students Say Versus How They Communicate

Category
Oral Presentation

Theme
Education

Presentation Description

Background: Status hierarchies among professions are well documented, but it is unclear how these hierarchies affect actual communication patterns. Objective: Compare student survey responses regarding communication among professions in a case review with actual student communication patterns during interprofessional case review sessions. Method: Weekly oral medicine interprofessional case reviews are constructed in order to simulate complex patients experiencing significant dental, medical, and other health and social issues. Students from the dental, medical, allied health fields, and social work schools participate. At the end of the case discussion, students fill out a survey regarding professional roles, biases, and communication among professions. Beginning in November 2016, speech turn patterns (i.e., the number of times a student from different professions speaks or is addressed) in the case reviews were independently coded by two researchers. Measures of agreement and speech turn patterns were analyzed. Exact statistics were used to compute the association between profession and communication questions and standardized residuals examined to identify significant associations. A speech turn index was created to quantify the difference between speech turns expected by chance and the number of turns observed. Results: Survey results for 354 students were available for analysis, as were speech turn coding for four case review sessions. While the large majority of students responding to the survey indicated that lines of communication were open among the different healthcare professions (94.1%, n=335), and that members of all professions were equally able to provide input on the case (76.1%, n=270), there was a significant association between the communication questions and school, with members from nutrition or allied dental being significantly less likely to agree than lines of communication were equally open for all professions (z=2.8, p<0.01), and medical students significantly less likely to agree that all professions were equally likely to provide input on the case (z=2.3, p<0.05). However, attitudinal results were sometimes incongruous with data on speech turns. Though members of some allied health professions were significantly less likely to agree that communication lines were open, both professions spoke substantially more than would be expected by chance (between 21% and 46% more often). In contrast, medical students were significantly more likely to disagree that all professions could provide input on the cases and were much less likely to speak during the case sessions (31% less likely than expected). While medical student results may be a result of lack of clinical experience (the only profession to participate in the pre-clinical phase of their education), the disjunction between survey response and empirical pattern for the allied health professions is less easy to understand and bears further examination. Conclusions: While student surveys of IP events may provide useful information, this form of research tells only part of the story and does not always coincide with actual patterns of actual collaboration and communication. Student surveys should be supplemented with observational data for a more robust understanding of interprofessional
communication patterns.

Presenters
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Abstract Name: *Differential Impact of an Interprofessional Forum on Health Professions Students’ Attitudes toward Collaborative Practice*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Introduction:** Interprofessional education is increasingly a requirement for accreditation for health professions education programs. To meet accreditation requirements, interprofessional education activities are being implemented on many campuses. The purpose of this investigation was to compare the impact of an Interprofessional (IP) Forum on attitudes toward collaborative practice of students in different health professions programs.

**Methods:** Health professions students from seven programs were required to attend the IP Forum on Opioid Dependence. The IP Forum encompassed online learning and an in-person session. Prior to the in-person session, students completed the Interprofessional Attitudes Scale (IPAS) and then viewed online content related to opioid dependence, interprofessional collaborative practice, and roles and responsibilities of healthcare professionals. The in-person session was repeated three times to accommodate all students and consisted of a large group seminar followed by small group (~7 students) faculty facilitated, case-based discussions. Following the in-person session, students completed the IPAS and program evaluation.

**Results:** Pre-licensure health professions students (n=640) from dental medicine (n=89), medicine (n=135), nursing (n=117), occupational therapy (n=56), pharmacy (n=124), physical therapy (n=40), and social work (n=79) completed the IPAS before and following the IP Forum. Students’ attitudes toward interprofessional collaborative practice were positive prior to the IP Forum (4.34±0.41) and total average IPAS scores increased following participation in the IP Forum (4.46±0.43; p<0.000; effect size – Cohen’s d=0.29). Average total IPAS scores were lower in dental medicine students compared to students in medicine, nursing, occupational therapy, pharmacy, and social work (p<0.000). Prior to the IP Forum, subscale scores for Teamwork, Roles, and Responsibilities were lower for dental medicine students than for all other health professions students (p<0.000) and remained lower than the other students’ scores following the IP Forum (p<0.000). In contrast, pharmacy students’ scores for the Patient Centeredness and Diversity and Ethics subscales were lower than those for medicine, nursing, occupational therapy, and social work students prior to the IP Forum (p<0.041), and this difference was eliminated following the IP Forum. Social work students had the highest scores on the Community Centeredness subscale before the IP Forum (different from dental medicine, pharmacy, and physical therapy; p<0.023) and following the IP Forum, remained higher than dental medicine (p<0.000).

**Conclusions:** Participation in this IP Forum on Opioid Dependence had a small but significant positive impact on attitudes toward interprofessional collaborative practice for all health professions students as
measured by the IPAS. Dental medicine students had less favorable views of interprofessional collaborative practice than students in other health professions programs before and after the IP Forum. Participation in this IP Forum increased pharmacy students’ scores for the Patient Centeredness and Diversity and Ethics subscales to be consistent with the other students. In contrast, participation in the IP Forum did not eliminate the difference in Teamwork, Roles, and Responsibilities subscale scores’ between dental medicine students and the other participating health professions students. Our findings suggest that optimal interprofessional educational strategies to enhance attitudes toward interprofessional collaborative practice may differ among health professions students.

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Abstract Name: Empirical Markers of “Learning From” in Interprofessional Case Review Sessions

Background: Interprofessional education has been defined as students from two or more different professions learning with, from and from each other. While students learning with and about other professions is necessary, these do not entail interprofessional collaboration. Learning from each other may involve more collaboration. Objective: Episodes of students learning from each other in interprofessional case reviews are difficult to capture empirically. The purpose of this feasibility study was to identify empirical markers of students learning from each other to be able to identify the conditions under which this happens. Method: Weekly special needs interprofessional case reviews of complex patients experiencing significant dental, medical and other health and social issues are carried out at a large northeastern university. Students from the dental, medical, allied health and social work schools participate. Case review sessions are video recorded and interaction patterns coded based on a modified version of Searle’s speech act theory. Assertions, anecdotes, expression, responses and questions were coded, as were speaker, addressee and length of speech turn. The recording was analyzed using NVIVO. Results: While cases are recorded weekly, a single session was coded to evaluate the feasibility of analyzing communication patterns (duration: 68.0 minutes). Two key patterns were identified: (1) facilitator prompted responses (typically either facilitator assertion (FA) ending in a question (FQ) followed by a student response (SR), and, less frequently, (2) student assertion (SA) followed by SA or student response SR. While the FA/FQ→SR pattern is typical of didactic communication (instructor providing information, asking a question, and students responding), the source of information is strictly from the instructor. In contrast, the alternative pattern of SA→SA/SR represents a situation where students can learn from each other—sharing professional perspectives, observations and insights. In the case session analyzed, the SA→SA/SR pattern was evident only 11.7% of the time (7.98 minutes). The most obvious condition of the SA→SA/SR pattern was the facilitator not speaking. In this case, the facilitator was a pediatric dentist and elicited the SA→SA/SR pattern when she expressed genuine ignorance regarding an issue. This opened an interaction space where the social work, nursing, medical, dental and dental hygiene students could offer observations based on their professional (and sometimes personal) knowledge of mental illness. Of note is the fact that this only first occurred approximately 25 minutes into the case review, perhaps also indicating the need for a certain level of student comfort with the case review.

Conclusions: If the goal of interprofessional education is to provide the conditions where students from different professions can learn from (rather than just with or about) each other as members of highly functioning interprofessional teams, then we need to more fully understand what these conditions are. This feasibility study indicates that analyzing interaction patterns within case review sessions may provide an avenue for understanding some of those conditions. Further identification and understanding
of these conditions will take place as more case review recordings are analyzed and the method of analysis refined.

Presenters
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Abstract Number: 304

Abstract Name: *IP what? Interprofessional Interactions and Competencies in the Clinical Learning Environment*

**Category**
Discussion Group

**Theme**
Education

**Presentation Description**

Medical education has expanded exponentially in the last century following the beginning of instructional schools of nursing as early as the 1850s and the publishing of the Flexner report in 1910 to now include many other professional health care roles. In 2009 the Interprofessional Education Collaborative (IPEC) was formed by six national education associations of health professional schools to advance interprofessional learning experiences (IPE) in an effort to better prepare health professionals for team-based care models to improve population health outcomes. The Physician Assistant Education Association (PAEA) endorsed IPE more recently in 2011, and like most health professional training disciplines, has identified it as a key area of instruction and a requirement for program accreditation. In consideration of accreditation, many health profession education programs accept that IPE is occurring during clinical education, but few studies have been published that describe IPE interventions and outcomes in clinical settings. A recent study was published in the PA education literature that explored clinical instructors’ perceptions of interprofessional practice in clinical settings, the nature and variety of students’ interprofessional interactions during clinical education, and factors that facilitate or limit those interactions. This discussion group will include an introduction that will briefly review quantitative and qualitative research on clinical educator perspectives in the clinical setting regarding IPE that will lead to small group discussions aimed at reviewing the knowledge, attitudes and skills needed for successful interprofessional experiences in the clinical setting. These conversations will be directed by the following questions.

1. What are appropriate goals and expectations of IPE in the clinical learning environment?
2. What are the common barriers to IPE in the clinical learning environment for the educator, the preceptor and the learner?
3. What resources are needed to promote successful integration of IPE in the clinical learning environment for preceptors and learners?

The session will conclude with a large group conversation on the outcomes of small group discussion including specific examples of potential IPE interventions for clinical settings. The goal of this session is to enable the participant to leave the session with an idea for further development of an IPE intervention at their own institution and promote collaboration with other health professional programs.

**Presenters**

Betsy Melcher  
Duke University Medical Center Dept of Community and Family Medicine
Authors

Justine Strand de Oliveira
Duke University Medical Center
Abstract Name: Preparing Interprofessional Coaches to Facilitate Transformational Learning

Category
Interactive Workshop

Theme
Education

Presentation Description
Background: Students learn about teamwork dynamics in the classroom, however, involving them in an interprofessional (IP) clinical practice allows them to gain experience reinforcing collaborative practice behaviors. Facilitating teamwork behaviors within IP student healthcare clinical teams requires skills beyond basic teaching strategies. The interprofessional coaching (IPC) role was created to support students and inspire positive team dynamics and effective IP behaviors. Specific key interactions between coaches and students promotes a safe environment for open exchange of knowledge, mutual support and respect among the interprofessional team members.

Engagement Methods: A deliberate method for effectively preparing educators to lead IP activities will be presented. Since the skills involved are unique, it is essential that coaches use a common language to support teamwork behaviors therefore, the TeamSTEPPS framework will be discussed. It is also important that there is a replicable method for preparing the IPE coaches to ensure students gain hands on experience reinforcing the team behaviors taught in the didactic courses. Worksheets used to guide interprofessional coaches during briefing huddle and debriefings will be explored. An interaction role playing scenario will demonstrate how coaches are prepared to engage students and drive interactions supporting collaborative interprofessional behaviors. Copies of worksheets and case study scenarios will be provided to all participants. Individuals attending will have a reputable model for orienting faculty for the interprofessional coaching role.

Session outline:
I. Transformational Learning
   a. Compare teaching strategies
      i. Traditional teaching methods used in the classroom for knowledge based learning will be compared to strategies for transforming perceptions and behaviors supporting positive team dynamics.

II. Desired interprofessional team dynamics
   a. The TeamSTEPPS framework used to guide teamwork behaviors will be briefly explained
   b. The desired team behaviors will be showcased.
III. Interprofessional Coaching Role

a. The audience will be polled to find out how many faculty are currently facilitating interprofessional teams in classroom and the clinical setting.

b. There will be an open discussion with the audience on how they feel the teaching methods differ in the clinical setting versus in classroom interprofessional teaching.

i. The audience will be asked to provide examples of interprofessional activities they use to engage students and some of the barriers they have encountered.

IV. Student Interactions

a. A worksheet used to brief teams when initiating an interprofessional activity in the clinical site will be provided.

b. The presenters will demonstrate how the worksheet is used in a primary care setting.

c. The audience will be asked to provide any feedback on tools they currently use or how they could possible modify the worksheet in their own interprofessional activities.

d. Examples of how to “coach” interprofessional teams to facilitate independent student collaboration will be explored through interactive vignettes.

V. Assessment and Evaluation

a. Role playing scenarios will be used to differentiate various interactions among interprofessional teams in the clinical setting.

b. An evaluation tool for coaches to assess team collaboration and communication will be provided.

c. Evaluating students perspective of the overall interprofessional experience

Presenters

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Mary Rock
University of Southern Indiana
Jody Delp
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Tracy Kinner
University of Southern Indiana
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Mary Kay Arvin
Abstract Name: Embedding Interprofessional Collaboration Principles with the Development of an Interprofessional Practice Council of Oncology (IPCO)

Presentation Description

Background/Rationale: Sunnybrook’s Interprofessional Collaboration (IPC) Strategy is built on three key priorities: enhancing organizational capacity, embedding IP principles, and creating IP models of care. Historically, oncology practice at Sunnybrook has been siloed. In this complex health care system, we are constantly challenged to reconsider how we provide excellent care to our patients and families. Mounting evidence suggests that an interprofessional care environment may offer benefits, including improved patient outcomes, reduced tension and conflict among caregivers, better use of clinical resources, and lower rates of staff turnover. Role understanding and effective communication have been identified as influences and as core competencies for collaborative care. Differing philosophical and theoretical backgrounds, lack of understanding of professional roles and responsibilities, and role blurring can lead to interprofessional tension, protection of scope of practice, underutilization of professional expertise, and decreased satisfaction.

The Interprofessional Practice Council in Oncology (IPCO) was created in July 2015 with the intent to engage all disciplines from the inpatient and outpatient cancer programs at our organization. The goal of the council was to give all members an opportunity to learn about each other’s roles, responsibilities, and how they contribute to safe, high quality, person-centred care. This session will describe planning, implementation and developmental evaluation components of successful integration of an interprofessional practice council.

Methodology: IPCO was developed in alignment with the IPC strategy. Key stakeholders were consulted to review the terms of reference including: intentional language, integration of IP competencies as well as academic practice components. A formal call was sent to the Health Profession Leaders to nominate potential participants including patient and family partners. Meetings were held monthly using a formalized agenda to guide discussions. A post-meeting questionnaire was used to evaluate the monthly meetings in the domains of clarity, role, and value. The questionnaire was distributed via an electronic platform and all responses were anonymized. Descriptive statistics were used to assess all domains; comments were invited and reviewed for emerging themes.

Results/Outcomes: Results from post-meeting questionnaires as well as anecdotal feedback have been positive. Members have reinforced the necessity for this council. Enthusiasm around meeting fellow team members, learning about interprofessional initiatives, and engaging in thoughtful discussion has been palpable. As the council evolves, the chairs will continue to refine the aim and goals. Patient advisors have recently joined IPCO and will collaborate with members.
Conclusions: Benefits that have emerged from this council are aligned to IP core competencies including: a forum that allows inclusion of all perspectives; an avenue for professions to collaborate on key initiatives, and engage in shared decision making. Early challenges include clarity on council’s purpose, aim, accountability and responsibility with regards to shared decision making.

Presenters
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Abstract Name: Design and validation of a survey instrument for assessing online and face-to-face collaboration in IPE

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Research suggests that interprofessional education (IPE) can help to create positive interactions between students, encourage collaborative practices in clinical settings and develop clinical decision-making skills (Reeves et al., 2016). Unfortunately, implementing IPE between health professions is confronted with many barriers such as logistic difficulties, lack of communication and compartmentalization of professions (Abu-Rish et al. 2012). Educational technologies may help to overcome these challenges by offering students to learn together anywhere and anytime (Macy’s Foundation, 2015). Some universities have already begun to follow this path and have implemented online modules for IPE but they don’t always promote interactivity which is a key element for engaging students in their online learning (O’Flaherty & Philips, 2015).

Method
The University of Montreal offers an IPE course to 5000 students from 13 health and psychosocial faculties by grouping them in small interprofessional learning communities to do online and face-to-face activities. First, students work together on a online collaborative journal, and after two months, they are gathered in a face-to-face workshop to pursue their collaborative activities. The current project, which is part of a doctoral thesis, aims to understand how students in healthcare and psychosocial sciences develop their collaborative practice in IPE through an hybrid learning community. In order to reach all learners participating in this course, we plan to assess key aspects of collaborative work using a survey instrument. As we have not found any tools covering all the dimensions of collaborative practice required for our settings, we have constructed a survey instrument by adapting and translating a set of questions from other surveys. Our instrument evaluates collaborative practice as proposed by Chiocchio et al. (2012). It also adapts scales from Kim et al.’s (2014) survey that evaluates the four types of presences in learning communities (social, cognitive, metacognitive, pedagogical) and the orientation toward student-centered learning. Our validation process is an adaptation of DeVellis’ (2016) procedure for scale development and Vallerand’s (1989) method for validating a translated questionnaire. A sample of 1100 students completed the online survey in November 2016 and the data collected was used for evaluating the psychometric properties of the instrument.

Preliminary results from a reliability analysis show moderate to good internal consistency (Cronbach alpha 0.60 to 0.96) for the scales assessed using the instrument. Further investigations of the scale properties are currently undertaken using Rasch modelling. This thorough process of analyzing the properties of each scale is a first step on our way to study the interactions between the various aspects
of collaborative practice. From our preliminary correlation analysis, moderate to high correlations are found between the metacognitive and cognitive presences (0.740), the cognitive and pedagogical presences (0.658), the social and cognitive presences (0.610), and collaborative practice and social presence (0.581). On the other hand, weak correlations were found between orientation toward student-centered learning and all other scales.

In conclusion, we address changes needed in our survey instrument to ensure the robustness of the data collected and discuss its usefulness to assess collaborative practice in hybrid learning communities in IPE.

**Presenters**

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Abstract Number: 315

Abstract Name: Escaping the Professional Silo: Implementing An Escape Room within an Interprofessional Education Curriculum

Category
Oral Presentation

Theme
Education

Presentation Description
Now is a time of great change in the health care industry as the nation once again grapples with health care reform. In 2008 the Triple Aim was first introduced by the Institute for Health Care Improvement (IHI) as a framework to guide care delivery in which costs are contained, patient care experiences are improved and population health is addressed (Berwick, Nolan & Whittington, 2008). It has been suggested that new models of care will help to achieve these goals. Not long after the introduction of the Triple Aim, the Interprofessional Education Collaborative Expert Panel (2011) introduced core competencies for interprofessional collaborative practice in the belief that improving collaboration and communication will help to meet the Triple Aim.

The Institute of Medicine’s report, “Health Professions Education: A Bridge to Quality,” noted that a gap in communication skills among healthcare professionals was a key determinant of poor clinical outcomes and quality (Greinder & Knebel, 2003). This communication gap is rooted in a lack of skill development of health professional students. Typically, students learn in single-profession silos without exposure to other professions.

The University of Minnesota is dedicated to preparing health science students for success through the implementation of interprofessional education (IPE) that improves collaboration and communication and ultimately improves clinical outcomes. Many curricular activities have been developed to address the communication gaps, including seminars, case-based learning, and simulation exercises. To this end the University of Minnesota has designed and piloted a healthcare-specific escape room to encourage teamwork and improve communication within an interprofessional team of healthcare professional students.

Escape rooms are a current game-based innovation, in which teams of players are usually “locked” in a room and have to solve a series of puzzles serially or in parallel to escape. The teams are timed, increasing the level of stress. Basic knowledge is required to complete the puzzles, and students of different professions come with different information. This forces players to work together with their teammates and they must find ways to communicate their knowledge or thoughts with each other to solve the puzzles. In addition to improving communication and teamwork the health care escape room also informally forces students to reflect on their communication styles, especially in situations of high stress and complexity. Upon completion of the escape room students then gather with a trained facilitator for a structured debriefing session. To our knowledge, this is the first time an escape room learning experience has been implemented within the healthcare sphere as a component of IPE. Results
indicate that amongst a small cohort of interprofessional students, a health care escape room experience does encourage teamwork, facilitate communication, and promote interprofessionalism in the IPE curriculum in a fun and engaging manner.

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Abstract Number: 317

Abstract Name: Parallel Processes in Interprofessional Education (IPE): Campus to Community

Category
Interactive Workshop

Theme
Education

Presentation Description

Background/Rationale
The 2016 Interprofessional Health Collaborative All Health Professions annual survey found that 1 in 5 students selected our University due to its robust reputation for integrated interprofessional education. Of the students surveyed, 73% indicated that teamwork skills were essential to their goals of working in future collaborative health practice teams. In response to student goals and to achieve coherency between campus learning and real world need, faculty and practicing clinicians developed an interactive 2-session problem-based learning (PBL) experience embedded within the curriculum of nursing, occupational and physical therapy and social work course structures. The course was designed and co-taught by an interfaculty/community instructional team. Students were assigned to cross-professional teams for both didactic and PBL activities. The experience was highly evaluated by the students and teaching team. Critique indicated that students wanted more time to work across programs and to learn interactively in teams. Moreover, students could see how their learning would translate into their clinical experiences. This interactive workshop provides a framework and toolkit for others to implement this successful PBL experience at their respective institutions.

Engagement Methods:

Participants will be provided with an overview of the form and function of this campus to community IPE experience. They will then participate in a simulation of interprofessional student, faculty and clinician teams where they will be exposed to the process for learning about, with and from each other. The outline below describes how this interactive workshop would occur.

Session Outline:

1. Provide an overview of the IPE activity as it was performed at UNE.
2. Review the seven steps of PBL
3. Present a patient case
4. Get into small groups and do quick introductions
5. Small groups engage in a brief simulation of the seven steps of PBL Process
   a. Clarification of terms and conditions.
   b. Formulate a problem statement.
   c. Brainstorm.
   d. Categorize and structure brainstorming.
e. Formulate learning objectives.
f. Self-study.
g. Post-discussion.
6. Brief Video Clips of Panel Presentation on Interprofessional Team Work
7. Debrief with participants on their experience with IP teamwork
8. Brainstorm of opportunities and barriers to creating this type of session at individual institutions
9. Wrap-up/Questions

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Abstract Number: 318

Abstract Name: Care and service partnership with patient: results and implementation strategies

Category
Oral Presentation

Theme
Leadership

Presentation Description

Background
Centre Intégré de santé et de services sociaux de Laval (CISSSL) is a health care network including hospitals (short and long term), ambulatory clinics and social centers providing services to a population of 400,000 persons. Partnership in care is a logical outcome of patient/care provider relationship evolution over the last decades and will transform clinical and managerial practices (1). Partnership in care has become an amazing tool of change and is helping strengthening collaborative practice in our organization and encourage continuous self-assessment of practices and teams' functioning.

Four years ago, the CEO and her executive team committed to a profound transformation of inter-professional practices. The multidisciplinary directorate was mandated to implement collaborative practice in partnership with patient throughout the organization. This presentation aims to describe the progress made and the strategies adopted regarding a long-term implementation of this approach, as well as to discuss implementation strategies and lessons learned.

METHODOLOGY
During preparation phase, clinicians, patient partners and representatives from the Université de Montréal (UdeM) were brought together to develop a philosophy of clinical intervention integrating the patient as an active member of his care team, involved in all decisions regarding his health. This approach was based on the CIHC National Interprofessional Competency framework (2) and on the implementation guide for the care and services partnership produced by the UdeM (3).

Intervention main steps were: (1) creation of a lasting collaboration with UdeM Collaborative and Partnership Direction; (2) implementation of collaborative governance reuniting managers from different units and patient partners; (3) recruitment and training of patient partners; (4) creation of a partnership patient office; (5) adoption of a vision statement and targets to be achieved by 2020; (6) pilote projects; (7) training and teaching professionnals.

RESULTS
CISSSL has now recruited more than 40 patients who received health services inside the organization and trained them to become partners. These individuals are contributing to clinic improvement all over CISSSL and have been involved in more than 30 activities ranging from creation of informational leaflets to sitting on strategic organizational committees.

We also created three different « patients-clinicians tandems » to work on specific patient partnership projects supported by experts from UdeM. These are participating to clinical projects such as:
• Reference guide for clinicians and doctors to facilitate patient partners involvement in continuing education for health care providers;
• Welcome kit to guide patients starting involvement as patient partners;
• Creation of a personalized recruitment process In the context of services provided in youth centres.

CONCLUSIONS
Transformation of care towards a collaborative approach in partnership with users has been conducted successfully and is still in progress. Next step will focus on developing partnership indicators and determine clinical targets to achieve by each clinical branch. We wish to put in place winning conditions that will sustain partnership and optimal relationship between clinicians, patients and families. We believe in patients and families competencies to self-manage their care to the maximum of their capacities and empower them.

Presenters
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Authors
Abstract Name: *Closing the Loop: Faculty vs. Peer Performance Feedback to Enhance Interprofessional Competencies*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Background/rationale: Collecting performance information on interprofessional competencies is a priority for healthcare education. However, educators’ resources and scheduling constraints may limit ability to observe/review the performance of every student on desired competencies. Further, students might prefer to receive some types of feedback from peers where they may be able to provide it effectively. Feedback such as non-technical feedback about communication from a peer might lessen evaluation apprehension from the experience and allow progress towards competence. We wish to determine whether student-led feedback was perceived to be as, or in some cases, more useful as faculty-led feedback and therefore might be used more extensively to provide performance information about interprofessional competencies.

Method/methodology: Sixty-seven students were randomly assigned to receive either faculty- or student-led feedback on their performance on an interprofessional activity consisting of a standardized-patient encounter and interactions with standardized healthcare providers. Feedback consisted of reviewing video recordings of student performance in the encounters and reflecting on a range of performance questions. Faculty or students leading the session were free to pause and discuss performance of the student at any point in the meeting. Faculty-led sessions lasted approximately 40 minutes, with one faculty member providing feedback to one student, and student-led sessions lasted up to approximately 90 minutes, with students working in pairs providing feedback to each other as they reviewed two video-recorded performances (1 per student).

The interprofessional activity being evaluated provided experience in communicating effectively with patients and colleagues from other professions, as well as giving students opportunity to foster continuity of care across multiple health professionals, manage conflict, and ensure patient safety. Students evaluated the experience of receiving feedback on the activity on seven dimensions (as well as two additional dimensions for the student-led feedback condition only). Dimensions included overall perceived value of feedback for learning; extent to which it improved patient-care skills, raised awareness about specific skills needing improvement, provided reflective learning; and whether the student would recommend the feedback to other students. Surveys were rated on a Likert-type scale (1=Strongly Disagree, 4=Strongly Agree) and we conducted t-tests contrasting faculty- and student-led feedback.

Results/outcomes: Mean average ratings exceeded 3.0 (Agree) on all dimensions, indicating perceived value in both conditions. However, ratings were higher for faculty-led feedback, on both a composite of
the seven dimensions and on all individual dimensions except raising awareness of one or more specific 
skills needing improvement, where results were comparable for both conditions.

Conclusions: While results support the perceived value of student feedback, in this study the students 
preferred feedback from faculty. Despite potential for evaluation apprehension associated with having a 
faculty member review the actual performance recording in front of and along with the student, we 
found no evidence that students would prefer to review their performance with a peer. Anecdotal 
evidence suggested that students appreciated the opportunity to calibrate their own performance by 
observing the performance of another student (opportunity not available in the faculty-led condition), 
however they also indicated some reservations about their ability to provide effective feedback to peers.

Presenters
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Abstract Name: *Using digital infrastructure to track interprofessional educational competencies*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**BACKGROUND:** Team-based patient care is recognized as the best model for excellence in health care delivery. The interprofessional collaboration needed to provide high-quality, team-based patient care is enabled when team members have a set of specific complementary skills. Collaborative care is learned through interprofessional education (IPE), when students from two or more health professions learn with, about and from each other to enable effective collaboration and improve health outcomes (1). To evaluate the quality of the IPE training, health profession schools need to assess IPE competencies in their learners to ensure that programmatic benchmarks are met (2). However, it is difficult to track IPE competencies achieved by learners within different health profession programs because IPE learners cross academic boundaries. Additionally, IPE experiences can take place outside of traditional classrooms. The purpose of this project was to design and implement a common digital infrastructure for tracking IPE competencies achieved by learners engaged in a variety of IPE experiences across academic units.

**METHODOLOGY:** Faculty from all health science schools at the University of Michigan collaborated to define a set of interprofessional competencies (values/ethics; roles/responsibilities; interprofessional communication; teams/teamwork; intercultural intelligence) with three levels of progression (exposure, immersion, mastery) (3). The competencies were embedded as Outcomes in the campus-wide learning management system (Canvas) with mastery level coded as the highest score. Each IPE faculty member lead determined which competency and level were achieved by learners completing their experience; competency scores were entered as outcomes both for traditional courses and for placeholder courses created to capture other types of IPE experiences (e.g., clinical experiences, workshops, online modules). The number of hours associated with each IPE experience were also recorded. Student information from the Registrar’s Office were attached to the outcomes dataset. Reports were visualized using Tableau. Data collection and analysis procedures received an educational exemption from the Institutional Review Board.

**OUTCOMES:** By expanding the use of Canvas Outcomes functionality to include non-traditional settings typical of many IPE experiences, competency data could be acquired across the spectrum of IPE offerings. Further, because the data collection infrastructure was available campus-wide, data were not trapped behind disciplinary gates. Bundling the competency data gathered from students participating in IPE experiences in each school with data about the entire student body from the Registrar’s Office enabled the creation of reports highlighting the number of learners participating in IPE experiences, the types of IPE experiences selected by learners and the competencies achieved by learners both within and
CONCLUSIONS: The digital infrastructure created in this project enables health profession schools to profile the development of IPE competencies in their collective student body. By examining this profile, faculty can determine where programmatic gaps might exist. This project demonstrates the feasibility of generating and managing a single institution-wide database for tracking IPE competencies; in the future, the digital infrastructure could be further developed to include other assessments or to provide important longitudinal data for determining the most effective set of IPE experiences or timeframes for developing IPE competencies in learners.

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Abstract Number: 328

Abstract Name: Magnifying Interprofessional Teamwork: Building a culture of collaboration by applying an interprofessional lens.

Category
Interactive Workshop

Theme
Leadership

Presentation Description

Background

The Interprofessional Lens (IP Lens) was created as a practical resource tool to strengthen a culture of collaboration in any setting. The impetus for developing the IP Lens arose from a need to practically support individuals and teams to foster interprofessionalism as they work together on initiatives (e.g., patient-based, practice-based, education-based, research-based).

The tool is comprised of reflection questions for individuals and teams that respond to the central question: “How can we make our work more interprofessional?” The questions were shaped by the tenets of the Canadian Interprofessional Health Collaborative (CIHC, 2010) competency framework and include:

- WHY is an interprofessional approach important to this work?
- WHAT is the goal of this work and how will working interprofessionally enable this goal?
- WHO are the two or more different professions/roles involved and who else should be engaged?
- WHERE is this work occurring and how might space and location affect interprofessional collaboration?
- WHEN is this work occurring and how will this impact our collaboration?
- HOW will interprofessional facilitation occur; interprofessional group process be addressed; and interprofessional reflection be supported?

The simplicity of the tool enables its use for diverse groups in multiple settings. To date, the IP Lens has been applied across areas including: clinical care, education, large and small scale initiatives, safety huddles, quality improvement, curricula, workshops, programs, research, leadership, and space planning. Since the IP Lens was launched in the winter of 2015, workshops have been held for staff, formal leaders, and students across a large multi-site academic health science network. Participants have been subsequently supported to apply the IP Lens to ongoing initiatives in their respective areas after the workshops.
Engagement Methods

This 60 minute interprofessional co-facilitated interactive workshop will provide an introduction to the IP Lens and enable participants to reflect on how they can introduce and apply this lens to their own settings.

The IP Lens will be reviewed in the large group followed by application of the IP Lens in small groups using case examples. Following an interprofessional co-facilitated debrief, participants will reflect on and discuss how they could apply the IP to enhance interprofessional approaches in their own work.

Session Outline

Timing Activity

5 min Welcome, icebreaker, review of objectives
10 min Review of IP Lens
15 min Application of IP Lens using case examples in small groups
20 min Reflection on applicability of IP Lens to participants’ settings (in small groups, then large group debrief)
10 min Review of resources & evaluation

Presenters

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Abstract Number: 329

Abstract Name: *Evaluating Self vs Group Performance Ratings in an Ambulatory Interprofessional Practice Student Case Conference*

Category
Interactive Poster

Theme
Education

Presentation Description

Background: We developed an interprofessional case conference event in our ambulatory Patient Care Center to provide advanced-year health professions students currently in clinical rotations the opportunity to practice interprofessional skills through the discussion of real cases using knowledge acquired during previous IPE courses. In this presentation we describe the case conference experience and discuss the practical concern of how to evaluate student performance.

Methods: A series of one-hour monthly conferences were held over the four-year period, with more than 200 students participating. In each conference, a student facilitator led a case presentation and interprofessional discussion with a group of students including up to nine professions. Facilitators prepared discussion questions and learning objectives in advance. At the conclusion of the conference, the group was tasked with creating an interprofessional plan for the patient. Conferences were viewed by faculty on-site or at a remote campus location via live-streaming. Following the conference, students provided anonymous feedback about the conference experience and assessed their own as well as their group’s performance on four interprofessional competencies; faculty also assessed group performance on the competencies and provided feedback and suggestions. The student and faculty evaluations of group performance were compared to one another, as were student ratings of self and group.

Results: Student satisfaction ratings for the case conference experience were very high and feedback indicated strong endorsement for case relevance and opportunities to collaborate. Students expressed high levels of appreciation for learning about and communication with different health professions. No statistically significant differences were found between average student and faculty ratings of case conference performance on the four competencies measured: communication, interprofessional awareness, situation monitoring, and patient-centered care. We anticipated the possibility of leniency in students’ self-appraisals but found no evidence that students were biased in assessing their own performance. In addition, students consistently rated the group’s performance higher than their own performance on the four interprofessional competencies. This was particularly true for the interprofessional awareness competency, where students were twice as likely to assign the highest performance rating possible to the group (54.7%) as compared to themselves (27.0%).

Conclusions: Students demonstrated the ability to realistically self-assess their own performance within the case conference on four specific interprofessional skills. It is resource-intensive to provide realistic, highly developed experiences such as the case conference. The fact that student and faculty ratings are comparable suggests that students are not overly lenient when assessing their own performance and
should be considered as a possible component of a comprehensive assessment program. This may also
free up scarce faculty resources or allow their efforts to be shifted to other aspects of evaluation.

Presenters
Sorrel Stielstra
Western University of Health Sciences

Authors
Jarrod Shapiro
Western University of Health Sciences
David Dickter
Western University of Health Sciences
Sheree Aston
Western University of Health Sciences
Abstract Number: 331

Abstract Name: *Interprofessional collaboration of speech-language pathology and nursing: Communication and vital sign screenings*

Category
Interactive Poster

Theme
Practice

Presentation Description
In recent years, the World Health Organization (WHO) has engaged the medical field in implementing interprofessional education (IPE) and interprofessional practice (IPP) into their service delivery. The professions of pharmacy, dentistry, nursing, speech-language pathology, physical therapy, and occupational therapy have also embraced this idea. Interprofessional education “occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 13). This presentation will provide preliminary results of communication and vital sign screenings completed as one of several requirements of interprofessional collaborative grant between speech-language pathology and nursing programs at a comprehensive university in South Georgia.

When interprofessionalism occurs, each profession learns about each other and therefore sets the atmosphere for a better understanding of the knowledge and skills that each profession brings to the learning process as well as each other’s strengths in the collaboration process (Johnson, 2016). Because of changing health care policies, focus in the way medical and rehabilitation services are provided, health professions have shifted their focus from the traditional service delivery to more innovative and collaborative approaches to patient care. At the university setting, the communication sciences and disorders and nursing programs have realized the importance of IPE and IPP. One benefit of working together is that students learn about each profession by engaging in different learning experiences centered around their professions. Another benefit in IPE and IPP is that students engage in real-world activities that are germane to their profession. Further, interprofessional educational and collaborative practice prepares students in their prospective professions to be better professionals after college. “Students trained in using an IPE approach are more likely to become collaborative interprofessional team members who show respect and positive attitudes towards each other and work towards improving patient outcomes (Bridges, Davidson, Odegard, Maki, Tomkowiak, 2011).

The Institutional Review Board granted permission to conduct the study on the following participants: incoming freshman, student athletes, and staff from Plant Operations. Undergraduate students in the Communication Sciences and Disorders (CSD) nursing program provided the screenings to the participants. After selection of students by the Principal and Co-Investigators, students were provided training on how to use the screening equipment and how to collect data. Students in CSD provided speech, hearing and swallowing screenings. Students in nursing provided vital sign screenings consisting of temperature, pulse, respiratory rate, blood pressure and oxygen saturation (room air).

Preliminary results revealed that of all participants (N=10) passed vital signs speech and swallowing screening. However, one participant failed hearing screening. This interprofessional collaborative grant is ongoing and it is projected that the number of participants will increase.
Presenters
Ruth Hannibal
Valdosta State University

Authors
Abstract Number: 334

Abstract Name: Bridging the Divide: Designing and Implementing Interprofessional Education and Collaborative Practice in an Academic Health System

Category
Oral Presentation

Theme
Practice

Presentation Description

Background/rationale: Academic institutions have led the charge for implementing interprofessional education (IPE) but forming the connection in health care systems to interprofessional collaborative practice (IPCP) and patient outcomes is more challenging (Cox, Cuff, Brandt, Reeves & Zierler, 2016). According to Bolman and Deal’s Four Framework to Leadership (2003), the organizational frames of structural, human resource, political and symbolical influence how change occurs. To ensure the Nexus of IPE and IPCP occurs, ultimately influencing the Triple Aim, organizational change at multiple levels is critical (Brandt, Lutfiyya, King & Chioresco, 2014). As supported by Bolman and Deal (2003), culture change must occur at every level from the clinicians to management and administration to the systemic issues surrounding reimbursement that often drive health care decision making (Cahn, 2016; IOM, 2015). Essentially, a cavern exists between academia and health care practice related to interprofessionalism (Cox, Cuff, Brandt, Reeves & Zierler, 2016). Academic institutions have a responsibility in supporting health systems in developing, implementing, coaching and supporting clinicians to practice interprofessionally.

Method/methodology: In this oral presentation, the presenters will share a case using the Bolman and Deal Four Framework identifying how the influence of the structural piece (i.e. the building of a new clinic) opened the doors to influence the other frames and initiate both organizational and culture change to support IPCP and IPE.

Results/outcomes: Through this case exemplar, all areas of Bolman and Deal’s Framework (2003) have been experienced. A critical component to success in this case is the human resource frame where a group of champions for IPE worked persistently and collaboratively across grass roots leaders and top level administrative decision makers to initiate culture change necessary for implementing a collective IPE and IPCP model. The presenters have been involved in the development of an academic center for IPE and worked in collaboration with the academic health system to design and build an interprofessional ambulatory care clinic. By sharing their story using Bolman and Deal (2003) as a foundation, the presenters hope to provide others the foundation to initiate their own organizational change to support IPE and IPCP at their institution.

Conclusions: As nationally and internationally, academic and health systems explore and maneuver to promote IPE and IPCP, the sharing of successful stories remains critical to act as lessons for the ones to follow in these footsteps. Bridging the gap between academia and health care remains critical to the pedagogy of interprofessional education to ensure it is not an academic idea, but a practical one.

Learning objectives:
By the end of this session, participants will be able to:
• Identify elements of culture change critical to support interprofessional education and collaborative practice using Bolman and Deal’s Four Framework for Leadership
• Describe both successes and challenges that occur in the building of a culture of collaboration both in academic and health care contexts


Presenters
Joy Doll
Creighton University

Authors
Cindy Costanzo
Creighton University
Ann Ryan Haddad
Creighton University
Gail Jensen
Creighton University
Anna Maio
Creighton University
Meghan Potthoff
Creighton University
Mike White
Creighton University
Tom Guck
Creighton University
Mike Greene
Creighton University
Abstract Name: Spanning Geographic and Professional Distances: Evaluation of an interprofessional case conference on student satisfaction, knowledge and collaboration

Category
Interactive Poster

Theme
Education

Presentation Description
Interprofessional education (IPE) and collaborative practice are important components of healthcare professional training programs. Implementing interprofessional experiences for trainees can be challenging, particularly in rural settings where there are large distances between healthcare professional training sites or in education programs that do not educate a full complement of different healthcare professions, limiting in-person peer IPE experiences. Innovative approaches to collaboration across professions and distances are needed.

The Patient-Aligned Care Team Interprofessional Care Update (PACT-ICU) is a case conference for high-risk/high-need patients; which simultaneously provides education regarding team-based care. Locally, PACT-ICU has been successful, demonstrating satisfaction and knowledge gain for post-graduate trainees from Nurse Practitioner, Internal Medicine, Pharmacy Ambulatory Care, and Psychology Postdoctoral programs (Weppner et al., 2016). Objective Structured Clinical Evaluation (OSCEs) can identify gaps in clinical knowledge (Beckham, 2013), and provide information on students’ intentions to incorporate interprofessional collaboration into patient care.

Building upon the success of PACT-ICU, the Boise VAMC Center of Excellence in Primary Care Education (CoEPCE) and Gonzaga University School of Nursing partnered to export PACT-ICU as a simulation to NP students. The experience included a prior chart review, synchronous video conference of a simulated PACT-ICU with an interactive question and answer period. An evaluation process was created and using the Kirkpatrick model as a framework and a retro pre/post design to evaluate knowledge gain. The evaluation process was approved by Gonzaga IRB.

41 NP students, in two cohorts, experienced the simulation. Results demonstrate that 100% NP students found the experience to be helpful, 83% as “very helpful.” There was a significant increase in knowledge regarding biopsychosocial elements from a mean of 4.1 to 4.9 (5-point scale; p<0.01) following the conference. A similar significant increase was seen for understanding the different roles that team members can plan in the management of high-risk/high-need patients, increasing from 3.8 to 4.8 (5-point scale; p<0.01).

Two cohorts of NP student were used as an exposed and control groups to assess potential impact of PACT-ICU on intention for IP collaboration. Exposed cohort (n = 20) experienced the PACT-ICU simulation prior to completing an OSCE while the control group (n = 21) completed the OSCE prior to the simulation. The number of professions considered as potential referrals were compared between
groups to determine difference in intention to incorporate interprofessional care into practice. Preliminary data comparing OSCE interprofessional approaches to care indicates an increase in the incorporation of team members into the patient’s care plan.

The success of PACT-ICU with NP students was consistent with the success found locally and in dissemination across academic post-graduate training program (King et al., in press). This translation of a successful workplace learning activity into the course content shows promise as a strategy to increase IPE options, particularly for programs that may have barriers to access other professions due to geography or the nature of their programs.

**Presenters**

India King  
Boise VAMC Center of Excellence in Primary Care Education  
William Weppner  
, Boise VA Center of Excellence in Primary Care Education; University of Washington School of Medicine  
Deb Smith  
School of Nursing and HP, Gonzaga University; Boise VA Center of Excellence in Primary Care Education

**Authors**

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Sarai Amber-Pompey  
Boise VA Center of Excellence in Primary Care Education
Abstract Name: *Navigating the insurmountable: Creating an interprofessional education curriculum map across three Faculties with over 20 different health disciplines*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Within many accredited health education programs, there are expectations to ensure that students have the opportunity to acquire entry-to-practice interprofessional (IP) competencies. Mapping interprofessional education (IPE) curricula is one mechanism for generating evidence to verify that the IPE learning objectives sufficiently contribute to the students’ acquisition of practice ready IP competencies. The process of mapping IP learning outcomes within a single educational program can range from simple to complex, depending upon the academic program, associated accreditation standards, and formal/informal IPE processes that are in place. Creating a common IPE curriculum map across several educational programs at one institution is a far more complex endeavour – particularly across three Health Faculties with over 20 disciplines. Mapping the IPE curricula was once perceived as an insurmountable task, but through dedicated collaboration, creation of common terminology, and a shared vision of the mapping process and desired outcomes, this team facilitated the creation of a tri-Faculty interprofessional health education curriculum map.

Our tri-faculty IPE curriculum mapping process was a two-pronged approach, and included:

1) The creation of a curriculum repository to determine when core curriculum content is taught across the various programs to facilitate the identification of naturally occurring IPE opportunities.

2) The creation of an interactive electronic curriculum map to a) evaluate the links and gaps between IPE learning objectives and program-level IPE competencies, b) track the level of IPE learning expectations across the curriculum, c) document the professional complement of IPE teams across the IP curriculum, and d) document the educational methodology for topics currently taught within an IP framework.

This presentation will outline the collaborative methods and administrative structures that supported the creation of a tri-Faculty IPE curriculum map. In addition, we will provide a demonstration of our interactive electronic IPE curriculum map highlighting our outcomes-based design. Finally, we will summarize preliminary IPE curriculum map evaluation results – identifying our areas of strength, curriculum gaps, and areas for future development.

**Presenters**
Brenda Merritt
Dalhousie University
Diane MacKenzie
Dalhousie University Faculty of Health Professions
Stephen Miller
Dalhousie University Faculty of Medicine
Marie Earl
Dalhousie University Faculty of Health Professions
Cynthia Andrews
Dalhousie University Faculty of Dentistry

Authors
Abstract Number: 339

Abstract Name: Sustainable Engagement with Community Partners for Long-Term Capacity Development Within an Inteprofessional Community Practicum

Category
Oral Presentation

Theme
Education

Presentation Description
A key component for achieving the Triple Aim (Berwick, Nolan, Whittington, 2008) through interprofessional education is understanding how to work in community settings to achieve population health; thus, the Saint Louis University Center for Interprofessional Education and Research (CIER) offers a community practicum course that uses an interprofessional team-based, experiential learning approach. Fundamental to the course is sustaining collaborative relationships with community agencies and ensuring that the learner experience also strengthens the agency’s functional capacity. The purpose of this presentation is to describe the process of building and maintaining collaborations with community partners to ensure optimal learning outcomes while enhancing community benefit.

IPE 4900 is an interprofessional community practicum course whereby teams of 4-6 undergraduate students from at least three health professions programs are assigned to work with a community agency to complete a project aligned with the agency’s mission and goals. The development and maintenance of agency-CIER relationships to optimize mutual benefit requires on-going effort; however, the CIER has developed and improved an engagement strategy that become increasingly successful. A core strategy for success is the Community Coordinator, a dedicated CIER staff member responsible for initiating and maintaining CIER-agency relationships. New sites are approached by the Community Coordinator who, in coordination with the agency, completes a CIER Site Profile Intake form to align the student projects with the strategic initiatives of the agency and meet the health and wellness needs of the target population. Agency initiatives are relayed to student teams and faculty advisors and student projects must align with agency initiatives.

Where possible, faculty members are paired with the same sites across time, allowing the CIER to expand our reach with the agency. Student teams are required to present a poster describing their agency, project process, and project outcomes and agencies are provided with the posters, project abstracts, and any materials developed for the projects. Agencies are invited to the final poster session and community recognition event. Follow-up interviews with the site coordinators are conducted annually to discuss past and future projects to ensure alignment with the agencies mission and targeted goals and continued improvement in agency capacity and each semester site coordinators complete feedback surveys. The results of follow-up interviews and surveys, are shared with our community partners. CIER is currently working to develop a collaborative network of our community partners in which all agencies have a primary point of contact within the CIER.

The goals of this presentation are to outline the process of maintaining relationships with our community partners and working with these agencies to develop projects for student teams to complete that meet agency-identified goals and emphasize the longitudinal benefits these efforts have for the
agencies. This presentation should give attendees an understanding of how to establish a community practicum course that not only improves student learning, but ultimately improves the capacity of the agencies in their communities to better serve their target populations.

Presenters
Leslie Hinyard
Saint Louis University
Eileen Toomey
Saint Louis University
Jessica Barreca
Saint Louis University

Authors
Abstract Name: *Interprofessional Oral Health Education in Group Prenatal Care*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Introduction: There is an urgent need to increase awareness and access to oral health care for pregnant women and their children to come. The University of Washington Schools of Dentistry and Nursing collaborated in development and implementation of an evidence-based, innovative interprofessional educational model for oral health training that targets future dentists and nurse-midwives. Through this novel training program health professional students co-learned oral health education materials, and effective communication and collaboration methods, to ultimately deliver quality patient-centered team-based health care.

Aims: Develop and test an experiential interprofessional education module for doctoral students of dentistry (2nd or 3rd year) and nurse-midwifery (2nd year); and Deliver oral health education content to women and partners at group prenatal care (CenteringPregnancy®) sessions.

Student Learning Objectives: 1) Learn oral health recommendations for pregnant women and infants (Smiles for Life); 2) Plan for group presentation as an interprofessional team (pairs); 3) Use facilitative discussion techniques for presentation of health information; and 4) Understand each team member’s role in oral health care of pregnant women and infants.

Methods: Teaching interprofessionally - Faculty from University of Washington Schools of Dentistry and Nursing met with students to review key didactic content and orient them to the interprofessional experience. Learning interprofessionally - Students collaborated as pairs to plan their presentation to the prenatal groups. Practicing interprofessionally - One faculty (Dentistry or Nursing) accompanied and provided oversight to pair of students (Dentistry and Nurse-Midwifery) at group prenatal care (CenteringPregnancy®) sessions for delivery of oral health education to women and partners.

Evaluation: We pilot tested the educational program at four CenteringPregnancy® prenatal groups. Participant knowledge test findings were 42% for Pre-intervention survey and 97% for Post-intervention survey. Evaluation of student outcomes will be measured using an interprofessional evaluation survey developed at the University of Washington.

Conclusion: Findings demonstrate the feasibility and benefits of interprofessional patient education as a means to develop communication and collaboration skills among dentistry and nurse-midwifery students. Future plans include incorporation into core curriculum for dentistry and nurse-midwifery students and dissemination of pre-natal oral health educational materials as toolkits nationally.

**Presenters**
Authors

Donald Chi
University of Washington School of Dentistry
Ira Kantrowitz-Gordon
University of Washington School of Nursing-Midwifery
Abstract Number: 343

Abstract Name: *Therapeutic Gardening as an Interprofessional Service-Learning Project*

**Category**
Interactive Poster

**Theme**
Practice

**Presentation Description**

This innovative therapeutic gardening project focuses on collaborations between occupational therapy, physician assistant, nursing, and public health students in partnership with Mental Health America (MHA), a nonprofit mental health organization. The location for this project is a residential apartment complex managed by MHA that provides housing for individuals living independently in the community with serious mental illness (SMI). Students worked collaboratively with the residents and the property manager in designing and building a vertical garden approved by MHA. Students participated in this project by enrolling in a community mental health interprofessional (IP) elective course available to all students in the academic medical center. There were 20 students enrolled; nine occupational therapy, three physician assistant, four nursing, and four public health students. Students attended the residential complex five times during the semester with an IP group of four to five students going twice a week.

Individuals with SMI have diagnoses including major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder. In addition to the social and occupational difficulties that individuals with SMI face on a daily basis, the majority also develop concerns related to their physical health and experience higher mortality rates than the general population (Colton and Manderscheid, 2006). There are many therapeutic benefits associated with gardening projects, including increased exercise, improved diet, increased social interactions, and the influence of a healthy environment/person relationship. Therapeutic gardening has also been related to positive changes in depression, anxiety, and affect (Gonzalez, Hartig, Patil, Martinsen, & Kirkevold, 2011). For adults with SMI, gardening can provide an opportunity to engage with nature, reduce stress, engage in meaningful activity, be productive, socialize, and work cooperatively together.

Residents were involved in the design, implementation, and maintenance of the vegetable, herb, and flower garden. Students educated the residents on the care of the garden and used the harvest for nutritious recipes at the end of the course. This project was successful by utilizing the resources and creative energy of a group of IP students. Each student contributed their personal experience and expertise in gardening either by knowledge of what to buy and how to care for a garden or access to resources for obtaining materials for the project. All students were in the second year of their program and were able to relate the concepts of their profession to the residents. During in-class sessions, students shared how their professional preparation supported the IP focus of this project. Occupational therapy students shared benefits of engaging in meaningful occupation and structuring habits and routines for continued participation, physician assistant students discussed impact of primary health concerns of the residents, nursing students focused on community health implications, and public health...
students emphasized awareness of socioeconomic factors and services for adults with serious mental illness. This project also supports the development of the Interprofessional Collaborative Practice Competencies (Interprofessional Education Collaborative Expert Panel, 2011). as it promotes IP communication and teamwork skills necessary for the delivery of patient-centered care.

Presenters
Nancy Carson
Medical University of South Carolina

Authors
Abstract Number: 345

Abstract Name: Enhancing & Evaluating Interprofessional Learning for Collaborative Practice: A knowledge synthesis approach using JBI methodology

Category
Oral Presentation

Theme
Education

Presentation Description

Background: A significant body of research continues to emerge that gives direction to interprofessional education (IPE) for both pre-service and post-licensure practitioners. IPE is widely recognized as a key strategy to provide the foundation for interprofessional collaboration (IPC). However, despite the growth in IPE, significant challenges remain in achieving effective collaborative working relationships among and between health professionals in practice and there is little evidence that recommends the most effective ways to deliver IPE to support IPC.

There currently is limited understanding of the complexity of IPE processes, and how this learning is best enabled and managed. It is well acknowledged that interprofessional learning exists along a continuum, however there is limited evidence to support that knowledge gained through formal IPE transfers to practice.

Methodology: Interprofessional learning is a highly complex and social process of experiential learning through which knowledge is sought, shared and created in order to benefit both the individual and team as an entity. Literature suggests that health professionals should be appreciated as adult learners and participatory and interactive approaches, which engage and support interprofessional learning, have the potential to mitigate recognized and persistent barriers to IPC. The challenge might be to probe more deeply into understanding the complexities of interprofessional learning. Questions for consideration in future IPE research include: “How do we know that learning is occurring through IPE?” and “What kind of learning is occurring, and how can it be measured?” The Joanna Briggs Institute (JBI) methodology has been identified as a means to explore this research topic.

Outcomes: With funding from the Nova Scotia Health Research Foundation (NSHRF) Research Enterprise Development Initiative (REDI) Grant, this project established a team of researchers, key stakeholders, including experts in IPE and adult education, as well as knowledge users and subject matter experts to develop a knowledge synthesis research proposal. This presentation will outline the benefits and outcomes associated with using the Joanna Briggs Institute (JBI) methodology for systematic and scoping reviews to explore the gap between IPE and interprofessional collaborative practice.

Conclusions: Findings from the subsequent systematic review will strengthen collective understanding of interprofessional learning and pedagogical considerations that inform best practices associated with IPE; thereby enhancing IPE teaching and facilitation, program planning and evaluation across the IPE continuum, and ultimately positively contribute to improve health services organization and delivery.
Presenters

Dr. Kelly Lackie
Faculty, RN Professional Development Centre | Adjunct Professor, Dalhousie University
Dr. Sheri Price
Affiliate Scientist, IWK Health Centre | Assistant Professor, Dalhousie University

Authors

Dr Maureen Coady
Associate Professor and Chair, Department of Adult Education Saint Francis Xavier University
Lindsay Burke
Professional Development & Quality, Windsor Elms Village
Abstract Number: 348

Abstract Name: Collaborating in Improving Population Health – Developing and Evaluating a Population Health Management Curriculum

Category
Interactive Workshop

Theme
Practice

Presentation Description

Population health is an increasingly important target for health systems and the professions practicing within them. Identifying a proactive, evidence-based and data-driven approach to improve care for a defined population of patients requires new collaborative practice experiences and training to support it. Team-based population health management sessions for specific diseases is a useful goal for interested institutions. However, there are few examples of workplace learning opportunities or evaluation approaches to guide such efforts.

In this workshop, we will present our experience in establishing, evaluating and refining collaborative population health management practices at five different interprofessional academic primary care centers. Participating trainees from internal medicine, nurse care management, nurse practitioner, pharmacy and psychology have been involved in population health management for patients with diabetes. As part of a multi-year, multi-site working group, we have coordinated different population health management curricula and collaborative practice efforts. This has allowed us to develop “Desired Learning Outcomes” for trainees related to population health management, as well as to identify important domains for improving training opportunities, moving practices from pilot phase to sustained services.

In the didactic portion of the workshop, we will discuss how population health management fits into other methods of providing and improving clinical care. We will then review different approaches to population health management from different teaching clinics, highlighting specific structures and logistics. We will define core domains of population health management curricula and collaborative practice opportunities. We will discuss evaluation techniques for newly implemented curricula and for different trainees, using competencies and Desired Learning Outcomes related to population health management.

In the interactive portion of the workshop, we will ask participants to define a specific population to focus health management efforts, outline their ideal approach to providing a collaborative workplace population health management opportunity, and then apply the evaluation matrix to identify strengths, weakness, opportunities, and threats to their approach. This should be useful to attendees who currently have population health management practices and want to improve them, and to those who are interested in starting a new program.

Presenters
Authors

Rebecca Brienza
Connecticut HCS Center of Excellence in Primary Care Education

Maya Dulay
San Francisco VA Center of Excellence in Primary Care Education
Abstract Number: 352

Abstract Name: Managing Transitions of Care: An Examination of Parents’ and Providers’ Perspectives on the Transitions of Care of Neonatal Patients from the Neonatal Intensive Care Unit

Category
Oral Presentation

Theme
Practice

Presentation Description

Objectives: Transitions of care (ToC) for a high-risk neonatal population, and in some cases inappropriate and early discharge, can have important implications for community and broader population health. As it is a key indicator of the efficiency of the system of health services, the ease of ToC has been a priority for improving care outcomes across all settings in our nation’s healthcare system. Research shows that inappropriate discharges can lead to negative outcomes for patients and their families, health professionals, and the health system. Collaboration amongst the health care professionals, the community, and the patient’s family is needed for an efficient transition. This research examined how interprofessional collaboration (IPC) can act as a catalyst for efficient and effective ToC from a high-risk neonatal unit to care back in the community.

Approach: Twelve infants were observed from their admission on the Neonatal Intensive Care Unit (NICU) until their discharge home. The 12 consisted of four patients discharged directly home, four to another unit within the same hospital, and four to another institution. Stage one involved a document analysis of documents related to ToC policy on the NICU. Stage two involved observation. Stage three involved interviews with healthcare professionals (HCPs) in the hospital and community (n=30) and family members (n=12). Stage four consisted of deliberative workshops with the hospital management and research participants to share the study results and obtain their feedback.

Results: Including parents early in the ToC planning process helps parents feel they’re a part of the interprofessional care team, in-charge of their infant’s care and thus better equipped mentally to handle their infant’s ToC. Knowing early on their infant’s discharge plan allows parents the opportunity to ask questions regarding caring for the infant at home or to meet the new healthcare team at the new site (hospital/floor) prior to the transfer. Mechanisms need to be in place to ensure that communication regarding ToC is consistent and clear to and between all HCPs whether in the hospital (e.g. bedside nurse) or in the community (e.g. family doctor). Having a clear understanding of what information should be transferred during a ToC will prevent unnecessary tests and misunderstandings. Increasing HCPs’ knowledge of available community resources will aide in transitioning infants to community care and thus freeing bed space and decreasing unnecessary costs at the hospital (i.e. A feeding and growing baby can be weighed by family doctor or Rapid Response Nurse and not necessarily the neonatologist). A consistent ToC policy across all NICUs would also be beneficial to ensuring a smoother ToC of infants.
Conclusion: It is believed that communication and education in an interprofessional context is critical for more effective ToC. The interprofessional team should include healthcare professionals on the NICU and in the community as well as the neonate’s family members to ensure a seamless transition from the NICU back to the community.

Presenters
Myuri Manogaran
University of Ottawa

Authors
Ivy Bourgeault
University of Ottawa
John Gilbert
University of British Columbia
Abstract Number: 353

Abstract Name: *Cracking the Conundrum of Assessment in Interprofessional Education: An Introduction to the Role of Structure, Function and Outcome*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

Background/Rationale:
The interprofessional education (IPE) literature has expanded significantly in the past few years to provide a rich variety of evaluation studies of different IPE activities, however, efforts to produce rigorous assessment of IPE learning continues to be a challenge. At present, most IPE learning is focused on self-assessment that only provides a perception of what the learner thinks s/he may have learned. This reliance on weak forms of assessment data continue to undermine the quality of IPE assessment and fail to engage with key principles of assessment that should be adhered to in any IPE learning activity.

This workshop is intended to introduce participants to a new competency-based assessment model that addresses many of the challenges inherent in assessing IPE.

Engagement Methods:
This workshop provides an exploration of key issues related to the assessment of IPE. It considers the processes of designing and implementing an IPE assessment focusing on the structure (individual), function (team) and outcome (task). This new three-pronged clinical competency continuum model is illustrated employing the concepts of milestones and entrusted professional activities (EPAs) in a performance framework.

Use of brief didactic presentations will help maximize interactive discussion and reflection. Specifically, this workshop will introduce participants to a range of key assessment concepts and ideas for consideration and implementation. As a result, the workshop will help develop an understanding of the process of assessment and how to reconceptualize and develop assessment relevant to IPE.

**Session Outline**

Agenda (43 minutes or 71% interactive):
5 minutes – Introduction
5 minutes – Small/Large Group Discussion – Identification of Key IPE Assessment Issues
25 minutes – Brief Didactic (10) Presentation and Reflection, Small Group/Large Group Discussion – Assessment of a Simulated IPE Learning Activity on DVD Utilizing a Blueprint of the New IPE Assessment Model
23 minutes – Large Group Discussion – Assessment Challenges and Strategies for Application of New Assessment Model to Participants’ Own Contexts
2 minutes – Summary

**Presenters**

Susan J. Wagner
Dept. of Speech-Language Pathology, Faculty of Medicine, University of Toronto
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Dept. of Pediatrics & Undergraduate Medicine, Faculty of Medicine, University of Toronto and Mothers
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Authors
Scott Reeves
Centre for Health and Social Care Research, Kingston University, London & St. George’s, University of
London, United Kingdom
Abstract Name: *Interprofessional experience for students: A partnership between a university system and a human services agency*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Universities at Shady Grove is a unique satellite campus where nine University Systems of Maryland institutions offer select programs. The co-location allows for innovative opportunities to collaborate across universities and disciplines.

The local Department of Health and Human Services (MCDHHS) is a consolidated department offering a broad array of services. MCDHHS has developed an integrated services practice model to support full-service integration. This model emphasizes cross-program teams, a shared case plan, and shared case responsibility among the providers.

MCDHHS is recruiting new employees who understand the benefits of interprofessional collaboration; while the universities are seeking to provide their students with interprofessional experiential learning opportunities to prepare them for their future careers.

MCDHHS and USG partnered to develop and implement an 8-week interprofessional summer internship program that involves students from 4 universities and 7 disciplines including Social Work, Psychology, Nursing, Pharmacy, Criminology and Criminal Justice, Public Health Sciences, and Health Systems Management. The internship is taught by a USG Program Director for the Baccalaureate Social Work Program and a management level practitioner from MCDHHS.

This experience:
- Provides students with the Interprofessional Collaborative Practice (IPEC) core competencies and an opportunity to learn about each other’s ethical guidelines.
- Exposes students to the concept and practice of interprofessional education through department site visits, interactive case scenarios, and participation on an integrated clinical team.
- Offers students an opportunity to learn about other disciplines, their roles, and interprofessional teamwork.

**Methods:**
The Team Skills (TSS) scale survey is distributed to students at the beginning and end of the internship. The surveys also include open-ended questions about the experience. The facilitators also receive direct feedback from students through focus groups.

**Results:**
The pre/post data from summer 2014-summer 2017 will be presented for an approximate number of 60 students. The TSS scale results will be presented, along with feedback from the students from the focus groups. We will discuss how the students learn the value of communication, teamwork, and recognizing how their professional code of ethics impacts their work as a team.

Conclusions:
Interprofessional education is essential for preparing students for the modern work place. This presentation focuses on the benefits of partnerships between a local integrated human services agency and a university system. This internship exposes students to collaborative work, and helps train students to work on interprofessional teams. Students learn the necessary skills of communication and teamwork while recognizing the ethical responsibilities that each discipline has to the client/patient being served. Through this interprofessional education (IPE) internship students are entering the workforce understanding IPE from a theoretical and practice perspective and are ready to work on interprofessional teams.

Learning Objectives:
• Illustrate a model of collaboration between an integrated public human services’ agency and multiple disciplines within several universities.

• Illustrate the training provided to students to help them develop the necessary skills to work interprofessionally.

• Share the evaluative process from the facilitators and lessons learned in the creation, development, and sustainment of this interprofessional project.

• Share perspectives from students that participated.

Presenters
Ron Rivlin
Montgomery County Department of Health and Human Services
Mary Lang
Universities at Shady Grove
Heather Congdon
University of Maryland

Authors
Katherine Morris
UMBC Social Work
Abstract Name: Development of interprofessional communication skills of graduate healthcare student’s through pre-clinical interprofessional education experiences

Background: The goal of this study was to assess the impact of a pre-clinical interprofessional training program on 2nd year health professional students’ self-reported interprofessional communication skills.

Methods: Students from the Colleges of Osteopathic Medicine (DO), Physical Therapy (DPT), Pharmacy (PharmD), Veterinary Medicine (DVM), Optometry (OD), Dental Medicine (DMD), Doctor of Podiatric Medicine (DPM) and Graduate Nursing at Western University of Health Science are required to complete a two-semester-long interprofessional education course. A survey, consisting of 13 prompts (Appendix I) with 5 point Likert scales (Appendix II) focused on students’ self-reported interprofessional communication skill was designed based on verbal, written and electronic communication. 844 students completed the survey at the beginning of their second year (before the course) and again at the end of their second year (after the course). Mean and standard deviation for each item was calculated and compared between pre and post course overall using a paired t-test, as well as for each college. Data was further analyzed using Cohen’s D effect size to quantify changes and before and after interprofessional education exercise.

Results: Total 749 students completed pre- and post self-evaluated survey with 13 prompts (Appendix I). A statistically significant overall improvement in verbal and written communication skills after the course is reported for all colleges except Doctor of Podiatric Medicine. This could be due to small sample size in this group. Cohen’s D effect size ranged from 0.6 to 1.0 which implies a large effect. In particular, students felt increased competence and confidence particularly prompt 6,7,10 shows increase in written and electronic communication and prompt 4,5,8,9 shows significant improvement in student’s verbal communication when responding to conflict after coming to know their colleagues and recognizing that patient safety was shared goal.

Conclusion: Improved confidence in 2nd year students’ interprofessional communication skills may be related to completing an interprofessional education course along with their individual educational background before joining Health Science program at Western University.

Presenters
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WESTERN UNIVERSITY OF HEALTH SCIENCE
Baiyang Zhang
Western University of Health science
Authors

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IPE coordinator at western university of Health sciences, Pomona, California
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David Dickter
Western University of Health Sciences
Abstract Number: 357

Abstract Name: *High Fidelity Simulation in Interprofessional Education: A How-to Approach to Creating, Sustaining and Testing Learning*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Background/rationale: While interprofessional programs in institutions of higher learning are becoming increasingly common; initiating, implementing, evaluating and sustaining meaningful experiential large programs of study are challenging. We have successfully piloted an Interprofessional Longitudinal Clinical Experience (ILCE) at Yale for over 4 years and have implemented our (ILCE) course in 2016-2017. It is the first to integrate all first year medical, physician associate and advanced practice registered nursing students in a single clinical skills course, which includes two simulation opportunities using High Fidelity Simulation (HFS).

Methods/methodology: Our program involves a total of 245 students from the School of Medicine (YSM), Physician Associate (PA) program and the School of Nursing (YSN) and 10 core faculty from Yale School of Medicine and Yale School of Nursing. Students are divided into teams of three to four interprofessional students and are offered two separate one hour simulation opportunities over the academic year. Our simulation exercises correspond with our curriculum and include opportunities for students to be observed practicing history taking, physical examination, clinical reasoning, teamwork, and oral presentation skills. Additionally, we assessed patient safety factors in the clinical setting. Students receive feedback about their clinical skills and teamwork during the debriefing experience using a rubric we created. We assessed students’ engagement with and value placed in the simulation activities with a survey immediately following the exercises. We also trained evaluators selected from clinical faculty who were not associated with the ILCE program to use a rubric to assess teams in their ability to conduct history and physical examinations, to apply clinical reasoning skills in reaching a differential diagnosis, and to work effectively as teams. In the 3rd year of the program, we used control groups of peers (blinded) as comparison.

Results/outcomes: ILCE students and faculty view the two simulation opportunities positively, and desire continued hours in the simulation lab. In feedback narratives, students across programs typically described the simulation exercises as “the best part of the ILCE” and explained that the exercises were “practical” and “complemented the skills they were applying at clinical sites.” They also said that the exercises themselves were “teambuilding activities” as students learned how to decide on roles and complementary tasks to be carried out by members. Compared to controls, ILCE teams performed slightly but not significantly better in history taking, physical examination, and clinical reasoning skills (M1-M2=1.23, p=0.2), but performed significantly better in teamwork skills (M1-M2=4.3, p=.0001).

Conclusion: We have successfully implemented interprofessional HFS for all medical, physician associate and advanced practice nursing students in the ILCE at Yale University. A “how-to” step by step approach to create and sustain effective professional learning using a HFS will be offered.

**Presenters**
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Yale School of Nursing
Abstract Name: Integrating Interprofessional Education and Collaborative Practice in a University and Federally Qualified Health Center in Maine

Category
Interactive Poster

Theme
Practice

Presentation Description

Background/Rationale
The intersection between Interprofessional Education (IPE) and Collaborative Practice (CP) is not well defined. Much of IPE has occurred in campus-based rather than in clinical settings. The complex nature of healthcare makes it challenging to study and build the evidence base for CP. In order to build the evidence base for clinical IPECP, the University of New England collaborates with Maine’s largest Federally Qualified Health Center, Penobscot Community Health Care, at several different levels of professional development and with four different health professions to improve CP and ultimately improve quality of care and patient and population health.

Method/Methodology
This presentation describes a clinical IPECP model that began in July 2016 to train physician assistant, osteopathic medicine, pharmacy, and dental medicine students and preceptors in patient-centered, integrated, team-based care, and population health management skills integral to practice transformation.

Results/Outcomes
Qualitative data, collected to describe the clinical IPECP model and take into account contextual factors and confounding variables were collected through meetings and surveys with UNE and PCHC faculty, preceptors and staff, and UNE health professions students, are very positive and provide useful suggestions for continuous quality improvement.

Quantitative data are collected on number of students and preceptors; changes in knowledge, skills, behaviors, and attitudes using the Interdisciplinary Education Perception Scale (IEPS, 2007) and IPEC competencies (2016) pre-and post-clinical rotation/training. Small tests of change will be used to identify specific quality of care outcomes and patient outcomes.

Preliminary data show that 30 students (osteopathic medicine, physician assistant, pharmacy, dental medicine) were trained in IPE and Social Determinants of Health (SDOH), 26 students were trained in TeamSTEPPS, and there were 95 cumulative student exposures to weekly learning activities that reinforced trainings with case reviews, attendance and participation in multidisciplinary standing meetings (e.g., High Utilizer Group meetings, Controlled Substances Initiative meetings), and interprofessional patient visits. Seven preceptors (2 medicine, 2 PA, 2 Pharm, 1 NP) were trained in IPE, Facilitation/Teaching, and SDOH; 50 clinical faculty were trained and certified in TeamSTEPPS.
Student responses (n=22) to IEPS items in a pre-survey were positive, with between 57% and 95% of responses falling into the “agree” or “strongly agree” categories. The lowest-scoring items were, “[individuals in my profession...] trust each other’s professional judgment,” and “are able to work closely with individuals in other professions.” Responses to IPEC competency items were generally positive, with between 68% and 91% of responses falling into the “agree” or “strongly agree” categories. The lowest-scoring items were, “[Ability to] clearly and thoroughly describe one’s own role, responsibilities...,” and “apply relationship-building values and the principles of team dynamics to perform effectively in different team roles...”

Conclusions
Data to date suggest that: this clinical IPECP model shows promise; training students in team-based population health management at a practice that has traditionally been patient-focused requires creating conceptual bridges between the population-based “big picture” and individual patient encounters; and continued health professions student training is needed in IPECP, especially in the area of mutual trust, roles and responsibilities, and working as part of a team.

Presenters
Ruth Dufresne
University of New England
Jennifer White, MBA
Penobscot Community Health Care

Authors
Jennifer Gunderman, MPH
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George Case, FNP
Penobscot Community Health Care
Abstract Number: 366

Abstract Name: An Interprofessional Student Hotspotting Program: Curriculum Design, Implementation and Evaluation at Thomas Jefferson University

Category
Oral Presentation

Theme
Education

Presentation Description

The Jefferson Center for InterProfessional Education (JCIPE) developed an interprofessional student “hotspotting” program which provides high intensity interventions for healthcare super-utilizers, supplementing existing health professions curricula.

This innovative hotspotting program was adapted with support from the Camden Coalition of Healthcare Providers (CCHP), who have successfully implemented interprofessional interventions for healthcare super-utilizers for 15 years. Super-utilizers are patients who chronically overuse emergency and inpatient services. In 2014, CCHP implemented an extracurricular program designed to teach interprofessional student teams about the difficulties complex patients face while navigating the healthcare system. Thomas Jefferson University (Jefferson) participated in this pilot program and has since developed an internal one inspired by, and in collaboration with, CCHP.

Development of the Jefferson Interprofessional Student Hotspotting Program, like all new interprofessional education (IPE) and collaborative practice (CP) curricula, has required buy-in from multiple stakeholders. Design of the scaled up program has necessitated coordination across both clinical and academic departments at Jefferson, as well as support from community-based organizations. Key partners have included the departments of family, internal and emergency medicine, care coordination, the colleges of health professions, medicine, nursing, pharmacy, and population health, the Center for Urban Health and community organizations such as the Stephen Klein Wellness Center and CCHP.

To garner key stakeholder support, our curriculum was tailored to emphasize coordination and collaboration among our interprofessional student teams, faculty, and clinical departments. The curriculum was created using the IPEC Core Competencies for Interprofessional Collaborative Practice as a guide. It addresses the role of social determinants of health, patient-centered care and care coordination in the context of the healthcare Triple Aim. Beginning in fall 2017, students will be placed in small teams holding regular team meetings, attend large group workshops, and participate in case discussions. Knowledge-based workshops will address trauma-informed care and evidence-based medicine. Skills-based workshops will focus on topics such as motivational interviewing, harm reduction, and patient advocacy. Students will apply the skills and knowledge gained during regular visits with their patient panel. Patient interactions will include home visits, accompaniment to healthcare appointments, and assistance with community resource navigation. Faculty oversight and engagement is a critical component to successful team building and patient interventions. Faculty will provide guidance during
student team meetings, addressing questions regarding complex patient care. They will also facilitate curricular workshops and case based learning sessions.

Evaluation of this new curriculum is multi-pronged and informed by the Institute of Medicine’s 2015 report, focusing on addressing the evidence gap between IPE/CP and patient outcomes. Student evaluation will be accomplished through an individual reflection paper and a team presentation. Teamwork and collaborative practice behaviors will be assessed using a recently validated tool, the Jefferson Teamwork Observation Guide (JTOG). Financial impact will be examined through cost analysis of readmission rates, and patient satisfaction and objective health outcomes will be assessed to ensure positive patient experiences. Curriculum evaluation strategies and lessons learned from the integration of the clinical, academic, and community sectors will be shared to enable other institutions to replicate this collaborative practice model.

Presenters

Charles Baron
Jefferson Center for InterProfessional Education
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Jefferson Center for InterProfessional Education
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Authors
Abstract Number: 368

Abstract Name: *Double Dipping: Work smarter not harder when building your IPE curriculum*

**Category**
Discussion Group

**Theme**
Education

**Presentation Description**

Interprofessional Education (IPE) is being incorporated into accreditation standards for several health care disciplines. Pharmacy specifically had IPE added as Standard 11 in the 2016 ACPE update. Now that IPE is a requirement for these programs, what is the best way to build a meaningful, sustainable IPE curriculum? Current curriculum is full of didactic, clinical, co-curricular, and extra-curricular requirements. Where do you fit more activities especially when faculty and budgets are rarely flush with time or funds? We propose that it may be beneficial to double dip, to utilize existing opportunities and give them an IPE focus. If you can work smarter not harder when building your IPE curriculum it may be a smoother path. Faculty will share several examples of IPE activities that have served dual purposes.

**Facilitation Methods:** We will share experiences from several IPE activities that also counted for service learning hours, an IPE simulation that also counted as advanced clinical practice hours, and an IPE medical mission incorporated into a didactic elective course (15 minutes). Participants will be seated at round tables which will serve as small group discussion forums. Discussion questions will be provided and small groups will be given time to talk as facilitators help throughout the room (20 minutes). A spokesperson will be selected from each small group to present their answers to the audience (10 minutes). Questions for group discussion include: What opportunities do you have at your program that could also be used to expand your IPE curriculum? What are the barriers to double dipping at your program? Can you create assessments for IPE that meet other accreditation standards (If a reflection is used to assess IPE it could count towards satisfaction of personal and professional development (Standard 4 for Pharmacy ACPE)? How do you count faculty effort in activities that are shared? Additional questions or discussion threads from the audience will also be encouraged.

**Presenters**

Bree Watzak
Texas A&M University Health Science Center

Mark Bremick
Texas A&M University Health Science Center

Delaney Ivy
Texas A&M University Health Science Center
Leadership is a fundamental skill for all professionals, in all disciplines. The Lancet Commission report in 2010 called for a new breed of collaborative health leaders who can work across health professions in all care settings (3). Leaders in today’s complex systems need to be skilled in shifting the direction of an organization or group by influencing and collaborating with others. Effective IPE/IPCP requires identifying, describing, and improving behaviors associated with effective and productive teams and thus all practitioners of IPE/IPCP need to demonstrate leadership skills. In spite of this awareness, there is a lack of literature in IPE/IPCP that clearly identifies leadership skills or the methods to develop, teach and evaluate them (1,3). Brewer (2016), Sims (2014) and Careau (2014) all cite the gap in the literature of clarifying the concepts and theories of leadership in IPE/IPCP. Also, missing are the deeper understanding of the leadership skills needed in various unique contexts of IPE/IPCP. This presentation will highlight and expand on key points from both scoping reviews, the IPE/IPCP literature and share best practices in our combined 25+ years of leadership in IPE (in Canada and USA) to discuss what is needed to develop leadership and advance IPE/IPCP.

In their scoping review, Brewer, et.al (2016), identified that leadership across all sectors – government, regulatory, healthcare, and education domains – is needed in order to advance both IPE/IPCP. So, what are these skills? Engaging institutional support requires skills at coaching, guiding, mentoring, and cultivating partners for effective participation and outcomes. The changes in healthcare to accomplish the Triple Aim – improved individual patient care and outcomes, population health, and cost-effect care models – as well as adapting to changing reimbursement and quality indicators, have increased the stress on the system and providers. Developing effective care teams where health professionals engage in shared decision-making for patient care outcomes and sustainable models for quality care are challenges facing healthcare leaders.

Careau (2014) describes a collaborative leadership model focused on developing leaders that are able to build a shared vision within a group/organization/community. Leaders who facilitate the distribution of leadership processes according to the group’s expertise, as well as act as a catalyst for shared decision-making and collective action. Brewer, et.al, (2016) comment that the literature mentions leadership, supports the need for leadership development but does not define it or provide clear attributes needed in effective leaders of IPE/IPCP. Sims and colleagues (2014) provide a realist synthesis to identify what works, for whom, and in what context. The authors identify four attributes of shared purpose, critical reflection, innovation, and leadership as mechanisms that support development and effective practice of IPE/IPCP.

We will present and summarize the above mentioned literature, share best practices in our combined 25+ years of leadership in IPE and further engage the audience to identify components of leadership in
IPE/IPCP that they have found necessary for sustainable practice and outcomes. We will conclude with a summary of key points and actions to move forward.

Presenters

Lynne Sinclair
Centre for Interprofessional Education, University of Toronto
David Pole
Director, Center for Interprofessional Education and Research, Saint Louis University School of Medicine

Authors
Abstract Number: 373

Abstract Name: *Fail Fast and Move On: Quality Improvement and Interprofessional Teamwork within Large Interprofessional Education Programs*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background**
In an increasingly complex health care system, a culture of continuous quality improvement (QI) is key for safe, efficient, cost-effective, equitable, timely, and patient-centered care. QI involves changes in systems and processes through multidisciplinary collaboration. Thus, the integration of QI with interprofessional education (IPE) promotes teamwork while learners learn about QI science. Additionally, novice learners’ “fresh eyes” can bring value to the hosting clinical sites invested in QI and IPE efforts. Yet, little is known about the learning outcomes when combining these activities. Our study aims to a) describe the breadth of care quality problems explored by novice interprofessional teams working on a project, and b) describe the students' perceived value of the QI/IPE project. This analysis informed our IPE curriculum development process and role model continuous QI.

**Method**
After an initial proof of concept pilot with 32 first year medical, advanced practice registered nursing, and physician associate students, our IPE program assigned a QI capstone project as a culmination of a year-long interprofessional longitudinal clinical experience (ILCE) involving a larger cohort (n=120 students; N=33 teams). All students were introduced to basic QI principles through a flipped curriculum with preassigned readings, and a 1-hour lecture followed by an interactive 2-hour brainstorming facilitated by interprofessional faculty. Each team was encouraged to work with their clinical site mentor during their weekly clinical experiences to identify potential care quality problems. Additionally, the students were exposed to one didactic session and two debriefing meetings to discuss team dynamics. A standardized poster template was provided for teams to share the project rationale, objective, results, and conclusions. A total of 33 posters were analyzed using mixed methods content analysis to identify repetitive themes, the frequency of care quality domains explored and its intersectionality with interprofessional teamwork. Anonymous student survey data after the experience were analyzed.

**Results**
All teams (N=33) completed a capstone project; 94% of the teams focused on at least one of six domains of care quality, and 33% simultaneously explored interprofessional teamwork. Most teams explored patient-centered care (30%) problems. Others explored effectiveness (24%), efficiency (18%), safety (12%), timeliness (12%), and equity (6%) problems. Two teams (6%) explored the quality of their IPE experience. Among survey respondents (n=99; response rate: 83%), most agreed or strongly agreed that the project motivated their interprofessional team to work towards a shared goal (60%), provided opportunities for learning (64%) and problem-solving (64%). Only 44% of the students
reported an intent by the site to follow up on the projects’ findings. Examples of quality of care problems explored included issues of poor communication, timeliness of care, and gaps in service provision.

Conclusions
Working in interprofessional teams, most students learned about care quality and teamwork through a QI/IPE capstone project. Our processes revealed insufficient QI mentorship and limited QI ongoing initiatives across clinical sites to focus on QI science. As our IPE program grows larger, we are narrowing the capstone project’s objectives to explore the intersectionality between patient-centered care and team-based processes or systems through reflective and collaborative practice.

Presenters
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Abstract Name: How Do They Speak When We’re Not Looking? Interprofessional Values within Medical Residency Personal Statements, 2010-2017

Presentation Description
Interprofessional education initiatives aim to transform formal and informal educational and clinical environments. Because the success of such initiatives means changing institutional culture, success assumes alterations in individuals’ values. Traditional assessments of such change may determine whether students have gained knowledge or ability to apply this knowledge to hypothetical, simulated, or clinical circumstances. We can also query students directly about their values. However, despite their importance, these explicit assessments of knowledge, ability, and beliefs are prone to various forms of respondent bias and may not gauge the resilience of interprofessionalism as a personal value. In short, we need to know whether institutional initiatives have an impact “when we’re not looking.”

Qualitatively exploring medical students’ personal statements for residency--texts written for ambitious and distinctively individualistic purposes--offers an alternative "natural language" assessment of the cultural impact of interprofessional initiatives. If an aspiring medical resident celebrates interprofessional values in advocating her own career goals, she likely has incorporated these beliefs into her professional identity. Therefore, we hypothesized that, over eight years of an IPE initiative, our institution’s medical students would articulate interprofessional values more frequently and deeply in their high-stakes and personally focused applications for residency.

Methods

With IRB approval, students submitted personal statements for medical residency anonymously and voluntarily. Students were aware that the data were collected “for a study of writing,” but not aware of a research question on interprofessional values. Collected annually for 8 years, de-identified data were qualitatively analyzed using corpus and rhetorical analyses from the fields of linguistics and rhetoric (See McEnery and Hardie, 2012; Weisser, 2016; Swales, 1990; Scott, 1997, 2000, 2006; Scott & Tribble, 2006; Stubbs, 2007; Biber, Conrad & Cortes, 2003). Preliminary results with 3 years of data were presented at CAB IV and 5 years at CAB V. With this submission, planned data collection is complete, and two comparison groups were added to better evaluate local change: medical school applicant personal statements and personal statements from other institutions’ residency applications.

Results

Annually, 15-20% of personal statements were collected (n=162) and analyzed using open-source corpus linguistics software. The incidence of discussion of interprofessional issues within “natural”
writing showed student endorsement and concern for IP work environments fluctuated year by year, with an observable but not statistically significant increase. However, the rhetorical depth of such comments changed more distinctly over the eight-year study period within our population. This increased rhetorical depth was also notable in comparison to medical school applicants and to other institutions’ residency applicants.

Conclusions

Although the numbers of students focusing on interprofessionalism increased only moderately, the evolution in rhetorical depth and development indicates more strongly held and more richly articulated interprofessional values within the institutional culture. Evidence of interprofessional values in writing for intra-professional purposes suggests an increase in student knowledge and commitment. This presentation offers a novel natural language-based methodology for assessing interprofessional education programs’ impacts on institutional culture. The presentation offers an argument and method for exploring written and spoken texts--cultural artifacts--to assess the "uptake" of educational initiatives by individuals.

Presenters

Thomas Smith
Medical University of South Carolina
Abstract Name: *Learning, Teaching and Translating the Interprofessional Education and Collaborative Practice Knowledge*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Despite recent IPE and IPCP global movements and decades of planning and implementing different IPE and IPCP initiatives in higher education, there seems to be a growing number of future health professionals who still feel lacking the knowledge and understanding of IPE and IPCP. This is not due to a lack of interest among students, rather because of limited flexible IPE and IPCP resources available to students who could access within their time and pace.

A university in South-Western Ontario provides health program students with an elective online introduction to IPE course that was originally developed by senior interprofessional students. This online course provides students with a safe and positive team space to critically reflect on their own pre-determined beliefs/prejudice about other professionals, interact with and constructively provide feedback to each other’s perspectives and insights in the team, co-construct knowledge about, with and from each other, to expand their IPE/IPCP knowledge by interviewing a current healthcare provider of choice, and then to critically analyzing, reflecting and comparing the knowledge gained through the interview with their own preconceived notions and with the professional role of their aspired future health profession. The video analysis project assignment, then, requires each student team to identify and critically analyze a short video clip of an interprofessional team in action as an effort to translate and integrate their knowledge in a real-like clinical IPCP situation. The student teams are then expected to use an innovative medium to virtually present their analysis to all other teams for review and critique. Each team have two weeks to provide evidence-informed responses to other teams’ critiques. As the final assignment of the course, students are asked to critically reflect on their learning and understanding about IPE and IPCP throughout the course. The feedback shows that students enjoyed this intensive online course as they “have learned something new every week, and applied this knowledge through the (discussion) forums” and took the knowledge “further in their life”.

In this presentation, the details of the course and its underpinning interprofessional socialization framework (Khalili, et al, 2013), weekly discussions and the assignments along with the quality improvement evaluations and lessons learned will be shared.

**Presenters**

Hossein Khalili
Fanshawe College & Western University
Abstract Number: 379

Abstract Name: So You Want to Start an Interprofessional Program in the Clinical Setting?

Category
Interactive Workshop

Theme
Education

Presentation Description

Background and Rationale
To improve patient care, many healthcare professional schools are now required to have courses where students from different healthcare professions learn with, from and about each other. Overcoming the barriers to designing and implementing interprofessional programs are difficult especially when the programs are large and when the goal includes having the students work together in teams in the clinical setting with patients and their families. Our faculty team has developed such a program for about 250 students from 3 different health professional schools along with faculty coaches from the same 3 professions. Participants in this interactive 60-minute workshop will develop IPE learning objectives with matched learning activities for their institutions as well as an awareness of potential barriers and responses to those barriers.

Engagement Methods
Participants will be broken into small groups to work together to complete the assignments. All groups will have a leader from our team to facilitate the discussion. There will be one short didactic followed by small group brainstorming sessions followed by large group discussion so that each group can learn from the others. We will follow the Kern framework(1) for curriculum development that we used to guide the design and implementation of our own program. Each participant will have a template to complete where, after working in small and large groups, they can leave with preliminary plans for learning objectives and learning activities at their own institutions.

Session Outline
5 minutes: Introductions, Outline of the session

10 minutes: Didactic: The Kern framework and developing learning objectives and learning activities. Our own experience. (Handouts included to minimize time and maximize impact)

20 minutes: Small group work.
Learning Objectives. Develop at least 2 learning objectives for your institution. What learning activities would be appropriate for each learning objective?
What barriers might occur in trying to implement these learning activities and what are possible solutions?

20 minutes: Large group work.
List the learning objectives and activities that the small groups designed. As a large group discuss some barrier that may come up when trying to implement the program and what ways these barriers might be overcome. We will share our own experience with cultural, logistical and other barriers that we experienced when implementing our own large program as well as some solutions that worked for us.

5 minutes: Feedback

Presenters
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Background: This Interprofessional Education (IPE) program was developed based on the World Health Organization’s 2010 definition.1 The health sciences research literature supports the efficacy of IPE in improving both patient outcomes and educational experiences for students.2,3 The commitment to IPE is a core value of Samford’s College of Health Sciences (CHS); the proposed fellowship allowed a cohort of CHS faculty to develop additional competence in IPE, while simultaneously developing projects that resulted in further integration of IPE. The purpose of the project was to offer proactive professional development for CHS faculty members in the area of IPE, increase positive perceptions of IPE, and promote scholarly publications with a faith-based aspect. In addition to providing professional development in the area of IPE, the proposed fellowship pilot-program also focused on the integration of Samford’s faith-based educational model with IPE. IPE fits well with faith-oriented approaches to higher education, as IPE’s implicit acknowledgement of the complex nature of the human condition, the resultant need for a wide variety of knowledge bases and treatment approaches, and the epistemological humility fostered by the awareness of the limits of one’s discipline provide a number of areas of significant congruence with the Christian faith narrative.

Methods: A prospective 12-month Fellowship for INterprofessional Development at Samford (FINDS) pilot-program was developed. An application process was used to enroll participants with a target goal of 16-20 participants. The investigators held two working seminars along with an on-line course. Teams were given an outline and proposal to complete for their IPE activity. Each team was required to include one or more of the interprofessional competencies, student outcomes, and a future plan to include the project into the curriculum of teams’ respective programs. IPE teams were required to meet with their mentor a minimum of once to discuss project development, timelines and outcome measures. Enrolled participants were required complete an anonymous coded, matched pre- and post- assessment based on the Interdisciplinary Education Perception Scale (IEPS) with additional faith-based questions. The program was funded with a University Faculty Development Grant of $4000 US dollars. The University’s Institutional Review Board approved the study.

Results: Nineteen faculty members applied and were accepted into the FINDS pilot-program representing communication sciences and disorders, kinesiology, nursing, nurse anesthesia, pharmacy, and public health. The nineteen faculty were assigned into six interprofessional teams based on their application. Of the 6 groups, two groups were awarded intramural grant funding to support their IPE course activity. All 6 groups submitted acceptable proposals. Eighteen participants (95%) completed the pre-survey IEPS. Of those, 61% strongly, moderately, or somewhat agree that Individuals in my profession often seek information related to faith-based aspects of care. Seventy-eight percent of participants strongly or moderately agreed that individuals in their profession must depend upon the work of people in other
Conclusions: The FINDS project enhanced the College of Health Sciences offerings of IPE curricular and co-curricular activities with structured learning and outcome assessments related to the CHS’s core IPE competencies with a faith-based aspect.

Presenters

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Authors

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Abstract Name: Blending Interprofessional Facilitator Training

**Abstract**

**INTRODUCTION/BACKGROUND:** Expanding mandates are demanding inclusion and integration of interprofessional education (IPE) to foster collaborative practice for effective and efficient quality health care. The growing spotlight on IPE requires increasing numbers of skilled interprofessional facilitators (IPF). Consistent and relevant training for facilitators will impact commitment to IPE and interprofessional practice. Each year at the University of Alberta, the health sciences faculties collaborate to jointly offer a required introductory IPE course about collaborative practice. Over 1000 students from 13 health science programs are divided into interprofessional (IP) teams of 6-8 individuals. Facilitators guide the student teams through case studies, simulations, and other activities. This highly interactive and experiential course teaches collaboration in a meaningful context. In 2015, the facilitator training switched to a blended learning (BL) format by adding 8 asynchronous online training modules to the 3 face to face training sessions. The online modules included videos and multimedia materials developed for the students, discussion forums and other online content. During the face to face training, facilitators practiced their skills through simulations and small group activities with their co-facilitators. This blended training mirrors the instructional design and social constructivist learning theory of the IP course, bridging training and facilitation. The purpose of the evaluation was to determine the effectiveness of moving the facilitator training to a blended format and to understand impacts on facilitator performance.

**METHODS:** Using a modified Brinkhoff Success Case Method (SCM) evaluation framework, data was gathered from self-reported sources (surveys and interviews), roving facilitator observations (survey) and review of relevant training documents. This method supports understanding and improving the effectiveness of the training. Feedback is highly relevant and ultimately looks to identify successes and minimize barriers to improve the overall training. The SCM evaluates facilitator training as a part of a process, not as a standalone event.

**RESULTS:** Interview and observation feedback was triangulated with training documents. Thematic analysis and code groupings resulted in 8 main themes which answered the evaluation questions, contributed to the impact model, identified benefits and suggested quality improvements for training. Findings confirmed that IP facilitator development is a dynamic process. Blended design supports this process by balancing accessible and reviewable online learning resources, face to face practice, and on the job supports.

**CONCLUSIONS:** Effective collaboration within healthcare teams impacts quality care and patient outcomes positioning interprofessional education as a priority. The demand for interprofessional facilitators dictates a shift in focus from importance of IPE to development of effective facilitators.
Grounded in the SCM framework, the study builds on the literature specifically exploring the impacts of training on facilitator behaviors, including enablers and barriers, while unearthing quality improvements. Although blended formats for IP student learning are surfacing, this study introduces a unique blended facilitator training design into the conversation, confirming that accessible online resources and focus on practice time are critical to supporting IPF development and transfer of learning to practice. Findings recommend explicitly linking training to the course context, highlighting the co-facilitator relationship, and drawing attention to the mirrored facilitator-student experience.

**Presenters**

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Abstract Name: *Modeling Patient-Centered Communication in Interprofessional Small Groups*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**
Currently, the transformation of health professions education is attracting widespread interest. The envisioned changes have health professions students engaging in interactive learning across professions as a routine part of their education. The goal of Interprofessional education is to prepare all health professions students for deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented health care system.

The recognition of this goal has led expert panels to develop interprofessional educational competencies that cross discipline and learner levels. These competencies provide a foundation for health professions programs to creatively address the outcomes based expectations by developing unique curriculum designed for all learners.

The establishment of a longitudinal Interprofessional small-group curriculum for health professions students highlighting effective communication skills as a specific goal was undertaken. Small-group content included modules that addressed Interprofessional education competencies identified as essential from a school wide needs assessment. With the ultimate target beneficiary being the patient, preclinical learners from four healthcare disciplines were immersed in these modules collaborating in sessions designed to have the learners learn by, with and from each other.

This workshop provides the opportunity to adapt specific content that would coalesce around patient centered care with outside content that would then be applied and adopted within key curricular opportunities. The participants will work in small groups to develop unique cases to be used in their IPE curriculum, using the tenets of course development that can be shared at their institution for development and adoption into the academic curricular goals. Each small group will be given an opportunity to present their representative outline to the entire group for feedback and evaluation. The core faculty will provide assistance, guidance and experience to the participants on IPE curriculum, as well as common evaluation tools that would assist in the measurement of the curriculum success.

**Description of Session:**

Introduction - 5 minutes  
Overview of Session - 5 minutes  
Background Information - 5 minutes  
Small Group Case Development - 30 minutes
Regroup and Highlight, Report Out - 10 minutes
Conclusions - 5 minutes

Introduction – Each course participant will introduce themselves to their table partners.

Overview – How the session will run, the objectives and purposes of the session.

Background – A highlight of what is being done at the author’s site.

Small Group Case Development – Each table will work to develop a communication-based case that can be adapted to the participants’ home institution. A group participant will be appointed to report out to the bigger group.

Regroup and highlight – the reporter will discuss the highlights of the group’s case development.

Conclusions – a general wrap up will give closure to the session.

Deliverables - An overview of the highlighted programs will be included in the handouts to the course participants.

Presenters
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Abstract Name: Student Initiated Student Facilitated; Interprofessional Casualty First Responder Simulation

Category
Oral Presentation
Theme
Education

Presentation Description

Background: Between 2001 and 2016 there were 190 shooting incidents on college campuses; 167 people were killed and 270 wounded. An estimated 2.5 million students enrolled at colleges where shootings occurred were either directly or indirectly exposed to gun violence. Students on a health science campus expressed concern that while trained to respond to emergency situations in hospital settings, few know how to aid victims of a shooting until help arrives. Simulation can prepare students to respond in the minutes immediately following an active shooter incident, potentially saving lives.

Method: Physician assistant (PA) students initiated and facilitated a casualty first responder (CFR) simulation for interprofessional teams of PA, nursing, medicine, pharmacy, and nutrition students. Following a didactic overview, participants rotated to skills stations to practice maintaining a patent airway, correctly apply a tourniquet, and manage wounds and with materials scavenged from the classroom. First responder skills were immediately put to use with an active shooter standardized patient simulation including 10 victims and four hysterical bystanders, parts played by other health professional students. Moulage included gun shot wounds applied to the head, extremities, chest and abdomen. A modified Students Perceptions of Interprofessional Clinic Education (SPICE) instrument was used to evaluate attitudes toward an interprofessional health care team approach to victim management. Faculty advisors mapped the SPICE tool to the IPEC core competencies to determine whether the CFR simulation was an effective session for interprofessional education (IPE).

Results: Due to popular demand, the CFR simulation has been repeated 3 times, providing opportunities for 120 students to engage in experiential learning that allows participants to take initiative, make decisions, and collaborate in a high stress situation. 100% of participants agreed or strongly agreed that “participating in educational experiences with another disciple of students enhances my future ability on an interdisciplinary team,” “health outcomes are improved when patients are treated by a team of professionals from different disciplines,” “health professionals should collaborate in teams,” and “during their education, students from different health care disciplines should be involved in teamwork in order to understand their respective roles.”

Conclusions: A casualty first responder simulation utilizing standardized victims provides an effective interprofessional learning experience. When provided support with logistics, student initiated and facilitated IPE sessions can offer an outstanding opportunity for students across professions to learn about, from, and with each other, enabling effective collaboration and potentially saving lives.
Presenters
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University of Washington MEDEX-PA program
Dawn DePriest
Washington State University College of Nursing - student
Abstract Number: 386

Abstract Name: Programmatic Assessment of Interprofessional Education: Moving Beyond Evaluating Individual Activities

Category
Interactive Workshop

Theme
Education

Presentation Description

Background
While approaches to interprofessional education and collaborative practice (IPECP) have expanded, assessment and evaluation in this area continues to develop. Evaluation approaches for interprofessional education (IPE) are varied and best practices have not been identified. While much of the existing literature on IPECP evaluation is focused on individual IPECP activities measuring short-term outcomes; rigorous global programmatic evaluation is needed to better understand the impact of IPE on learners, systems and patient outcomes. The Institute of Medicine report urged the investment of more resources to engage in rigorous mixed-methods evaluation of IPECP. The need for measuring the effect of IPE at the programmatic level using formative, summative, qualitative, and quantitative assessment methods that demonstrate its impact, return on investment, and sustainability has been documented in the literature. Also, Barr’s modified Kirkpatrick’s hierarchy of assessment is recommended as a framework to guide IPE evaluation. Using this framework, experts recommend inclusion of higher level evaluation strategies such as changes in behaviors, organizational practice, and patient outcomes.

The purpose of this session is to bring IPE practitioners together to describe and discuss the higher level assessment and evaluation strategies they are using in this area and identify emerging best practices in the field. After a very brief call-out to the Kirkpatrick framework and the Institute of Medicine recommendations, this cross-institutional workshop will showcase practical approaches to programmatic assessment and evaluation at five universities in the United States. The workshop will then proceed with guided networking and discussions that culminate in participants identifying concrete strategies to spearhead comprehensive programmatic IPE evaluation, using higher levels of the Kirkpatrick framework, at their institution.

Engagement Methods
Our team will utilize a combination of interactive Liberating Structures exercises to actively engage participants during the workshop. First, we will use the 1-2-4-All Liberating Structure method (http://www.liberatingstructures.com/1-1-2-4-all/) in breakout groups that will each be assigned different higher-level programmatic evaluation methods (Levels 3-4b on the modified Kirkpatrick typology). With this structure, participants think about possible ideas and then share in pairs, fours and then the larger group. The second exercise will use the 15% Solutions Liberating Structure method (http://www.liberatingstructures.com/7-15-solutions/ ) to engage participants using the knowledge and skills gained from the workshop to jumpstart their own thinking about possible approaches to develop an IPE programmatic evaluation plan for their own institutions.
Session Outline

Introductory Content Burst (15 minutes)
• Brief Literature Review and Kirkpatrick Framework (5 min)
• Rapid Practical Pearls for Higher-Level Programmatic IPE Assessment and Evaluation from Five Institutions (10 minutes)

1-2-4-All Activity: Programmatic IPE Evaluation Approaches using Higher Level Methods (25 minutes)
• Breakout groups will answer “How Do We Evaluate the Overall Impact of an IPE Program on...”
  o Collaborative Behavior
  o Organizational Practice (e.g., culture, care delivery, community, employers)
  o Patients (e.g., Triple Aim outcomes)

15% Solutions Activity: Participants brainstorm and develop at least one approach to IPE programmatic assessment to use at their own institutions (15 minutes)
Questions/Wrap-up (5 minutes)

Presenters
Sarah Shrader
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Stephen Jernigan
University of Kansas Medical Center
Amy Blue
University of Florida
Andrea Pfeifle
University of Indiana
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University of Minnesota
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Authors
Communities of Practice (CoPs) are a common instrument for collaboration, discussion and communication in health care. At the same time, numerous communities of practice and discussion forums have been established after individuals become engaged at conferences, or agree to participate as a result of an affiliation with an association or group, but the challenge is keeping these COPs alive and thriving once individuals return to everyday life.

When ARNBC was first approached to support CoPs within nursing, there was discussion amongst staff regarding how to operationalize these CoPs in a way that would encourage participation and ongoing engagement while allowing each platform to be unique. ARNBC staff have all participated in or led similar initiatives and identified a number of universal problems:
1) Despite enthusiasm from participants who want to be part of a CoP, the majority will not engage (citing reasons such as ‘not enough time to log in’, ‘forgetting the CoP exists’, etc.).
2) Staff feel responsible for starting conversations, updating materials and moving the CoP forward, despite it not being part of their paid position or area of expertise.
3) Often, out of the box solutions require significant modification to fit with existing web platforms, which can prove to be costly and time consuming.

Recognizing these complicating factors, but wanting to acknowledge the requests from members for CoPs as part of the work of the Association, ARNBC created a unique, segmented Wordpress platform where CoPs could be hosted as part of the work of the Association, yet remain distinct. These CoPs have several key features:
1) The CoP is developed, planned and supported by members of the CoP, not by ARNBC staff. This means that those who join become the CoP leadership, provide content, drive discussion and add resources.
2) The CoP is an entirely separate website, and therefore is not moderated or curated by staff – ensuring appropriate content is up to the CoP itself.
3) The CoP was developed with a basic template and ‘look’ that can be easily modified within the parameters of Wordpress.
4) The CoP is not exclusive to nurses.
5) Each CoP, while housed under the same Wordpress application, is its own separate ‘site’, so that there is no confusion of members or editing rights across CoPs.

ARNBC currently has approximately eight operational communities of practice, four are public (harm reduction, Aboriginal health, contraceptive health, students/new grads) and several are private CoPs for the moment. Each CoP welcomes not only nurses, but individuals from across the health sector. For
example, the Aboriginal health CoP includes community workers, social workers, nurses, physicians, reference librarians, Elders and others. The harm reduction CoP includes mental health, social workers, first responders (ambulance, fire, police) and others. As a result, each CoP is an interprofessional and collaborative venture developed, launched and maintained by content experts.

This presentation will share how these CoPs have been established, and more importantly, how they have become thriving, established and engaging interprofessional networks of health care providers.

Presenters
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Association of Registered Nurses of BC
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Association of Registered Nurses of BC

Authors
Abstract Number: 390

Abstract Name: BC's Fentanyl Crisis: An Interprofessional Approach

Category
Interactive Poster

Theme
Leadership

Presentation Description
In April 2016, a significant increase in drug-related overdoses and deaths prompted BC’s provincial health officer Dr. Perry Kendall to declare a public health emergency. This marked the first time the provincial health officer served notice under the Public Health Act to exercise emergency powers. At the very centre of the current opioid crisis, BC became the first province to take this kind of action. Despite this, the number of opioid overdoses and deaths in British Columbia continued to grow, and by the end of 2016, an unprecedented 916 deaths had been recorded. This type of extraordinary circumstance requires a non-traditional focus, and the inclusion of an interprofessional team that ranges from physicians, nurses and pharmacists to peer support workers, sanitation employees and realtors.

In December 2016, ARNBC and its partner organizations were challenged to become more proactive in supporting front-line health workers in managing this crisis. Working together, ARNBC pulled together an “Emergency Opioid Forum” which included front-line health care workers, first responders, community services, government, peer counsellors, impacted family members and drug users. The goal of the forum was two-fold: to provide individuals who are directly impacted with a place to share their stories and seek support, and to develop strategies that health care providers and the community could undertake together to help manage this very active and devastating situation.

Later in the day, approximately 25 individuals broke into small groups of two or three, and accompanied by an ‘expert’ (either a drug user from the downtown eastside, a street nurse or a peer support worker), visited different sites on Vancouver’s Downtown East Side. This afforded health care leaders an opportunity to engage with individuals (both health care workers and users) who are impacted every day, without red carpets, media or special treatment.

Engaging across health care sectors, ARNBC has continued to work with health care leaders, front-line responders, government and others to advance a number of key strategies. This includes short-term strategies such as a ‘have a coffee on us’ program; mid-term strategies such as an urgent proposal to hire the first two nurse practitioners at Insite to oversee primary care as part of the existing interprofessional team; and long-term strategies such as research and advocacy that utilizes the expertise of all health care providers, community workers, users, researchers and others, to work together to promote the scaling up of access to injectable heroin. All of the strategies recognize and engage the numerous traditional and non-traditional individuals who comprise the interprofessional team.

This presentation will highlight the work that these interprofessional teams have done (up to the day of the conference), to manage the situation throughout British Columbia, but particularly at ‘ground zero’
of Canada’s opioid crisis – Vancouver’s downtown east side. This crisis is only going to get worse across Canada, and the lessons learned in Vancouver can play an important role for other communities and health care providers who are tasked with responding.

**Presenters**

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Association of Registered Nurses of BC

**Authors**
Abstract Name: Fostering Collaboration Among Multiple Interprofessional Student Organizations

Presentation Description

Background: Over the recent years, the Medical University of South Carolina has seen a growth spurt in the amount of student organizations established to address interprofessional (IP) topics on campus. The establishment of these groups has temporally aligned with the Quality Enhancement Plan development at the University, which has been focused for the last ten years and the next ten years, on the enrichment of IP education. These IP student groups include the Student Interprofessional Society (SIPS), Interprofessional Student Advisory Board (IPSAB), the American College of Medical Quality (ACMQ), and Institute for Healthcare Improvement (IHI). Notably, the MUSC ACMQ was the first student chapter of this organization to be founded in the nation.

While each of these organizations have different strengths and foci to offer its membership, it became readily apparent that efforts were being duplicated. Moreover, there was a clear lack of communication among them, leading to conflicts in scheduling as well as lack of awareness of other groups and their missions. IPSAB quickly recognized this issue, and sought to step in as a role model for collaboration.

IPSAB has taken on the role of overseeing the activities and the funding of these groups in conjunction with the Office of Interprofessional Initiatives (OII). Thus, IPSAB serves in a special capacity to bridge the gaps in communication among these groups, and it has forged a distinct leadership role among all IP groups.

Methods: In partnership with the OII, IPSAB planned a retreat for the leadership of interprofessional organizations on campus. IPSAB met with the leaders prior to the retreat to ask for input on what they wanted and clarified what they hoped to accomplish at the retreat. Representatives from each group participated in a brainstorming session aimed at promoting collaboration and each organization was asked to delegate a liaison that would work together with one another on intergroup projects and to serve as a contact point for other organizations.

Results: Following the retreat, the groups remain in contact with one another and began implementing ideas brought up during the brainstorming session, including a joint calendar that was created by IPSAB and updated collaboratively by all the groups to prevent conflicts or duplication of events. The supergroup composed of liaisons successfully coordinated a joint event, a panel on telehealth, that brought the memberships of all IP organizations together and, following its success, immediately began planning a follow-up event for spring semester. The groups also began to not only actively promote each other’s events, but to reach out and help one another recruit new members from colleges where
they had inadequate representation.

Conclusion: By identifying the lack of communication between interprofessional groups on campus as a major issue and intervening by hosting a retreat for their leadership to collaborate with one another, IPSAB not only prevented wasteful intergroup disorganization, but fostered a spirit of cooperation and mutually assured success among all IP organizations.

Presenters
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Authors
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Jennifer Bailey
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Abstract Name: Simulated Interprofessional Education Discharge Planning Meeting to Improve Skills Necessary for Effective Interprofessional Practice

Background: Interprofessional education (IPE) provides students with an understanding of the varying healthcare roles and assists in establishing professional identity. An effective IPE experience requires the alignment of the values, skills, and resources of those involved with a linkage to clinical practice. Early experiences can support the framework for continued interprofessional practice through communication, cooperation, coordination, and collaboration. In the United States, it is required to provide discharge instructions, considering the goals and preferences, to patients discharged from acute care to home. Effective discharge planning is associated with decreased hospital stay, readmission, and decreases in medical costs. Effective communication regarding discharge between the healthcare team and patient/family is essential for safe transition home. A lack of interprofessional coordination can leave a patient vulnerable to re-admission. The purpose of this study was to evaluate the effectiveness of a simulated IPE discharge planning experience.

Methods: Students from physical therapy (PT), nursing (RN and NP), and social work (SW) were placed into interprofessional teams. Pre-simulation, each student was expected to complete a survey; and review the patient case, the communication strategy, and community resources. The case was an 86-year-old with limited social and financial support, admitted to an acute care hospital under observational status, with discharge pending. At the start of the simulation (SIM), students met and discussed the case prior to the standardized patient and family member were brought into the discharge planning meeting. Post-simulation, facilitators led a debriefing session and students completed a post-IPE survey. The Interprofessional Collaborative Competency Attainment Survey (ICCAS) was completed pre- and post-experience. Results: 132 students participated in this IPE experience. 82 (PT=46; RN=23, NP=2; SW=11) completed the pre- and post-survey (62% response rate). All PT, RN and NP students had previous IPE and SIM experience, with 27.7% (n=3) of SW students reported IPE and 18.2% (n=2) SIM. Previous discharge planning experience was as follows: PT 32.6% (n=15), RN 39.1% (n=9), NP 0% (n=0), and SW 46.5% (n=5). Mean score of the ICCAS showed no significant difference between pre-testing (x=6.2, SD=1.2) and post-testing (x=6.2, SD=1.1) among the entire group. Post-survey, the majority of students reported that they strongly or somewhat agreed that the experience improved their clinical thinking skills (67%, n=55), improved awareness of the patient voice in shared decision making (72.8%, n=59), improved ability to prioritize patient’s list of impairments (75.3%, n=61), and improved confidence with discharge planning (69.1%, n=56). Discussion: Discharge planning is inherently an interprofessional process. Utilizing a simulation as a method to practice discharge planning may have a positive impact on future clinical practice. Utilizing the ICCAS may not be the appropriate assessment when evaluating change before and after an IPE experience based on the high scores noted pre-experience. Conclusions: Use of a simulated discharge planning meeting may improve skills necessary for effective interprofessional
practice.

**Presenters**

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Abstract Number: 395

Abstract Name: Amplifying collaboration and learning in a long-term care setting through appreciative inquiry

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale
Increasing demands on long-term care (LTC) facilities necessitates innovative approaches to: improve care, make LTC a practice field of choice for health care professionals, and improve job satisfaction. In addition to being beneficial to involved students, providing interprofessional education (IPE) for students within LTC may also impact staff by: improving awareness of collaboration, and changing their practice and interactions with students (Grymonpre et. Al., 2010).

In 2010, our university and a regional LTC provider formed a partnership, the Collaborative Learning Centre (CLC), to prepare future health care professionals for collaborative practice in LTC. The CLC, guided by a steering committee, brings together health professional students, educators, administrators and researchers to provide practical learning experiences. In addition to positive student evaluations, administrators informally noted positive changes within the organization, prompting further exploration of the impact of IPE on the setting. A 2-phase qualitative study was conducted to answer the following questions: 1) From the perspective of frontline staff, how have CLC activities impacted the LTC organization, and 2) How can collaboration in LTC be further strengthened using an appreciative inquiry process?

Method/methodology
This two-phase study combined a qualitative descriptive approach (Sandelowski, 2000) and appreciative inquiry (Reed, 2007). Phase 1 consisted of eight individual staff interviews that explored their perceptions of CLC activities. Phase 2 involved two interviews with family members of clients and four focus groups with students, staff and administrators/steering committee members (n= 20) to explore their experiences of collaboration. In focus groups, participants reviewed Phase 1 preliminary interview findings and engaged in the appreciative inquiry process to identify what was working well in this setting and what aspects of collaboration could be strengthened. Written feedback regarding the research process was collected from participants.

Results/outcomes
Appreciative inquiry allowed the perceptions of staff regarding IPE to be explored further and built upon. Four key findings generated from the data across the two phases were:
1. Benefits of having students (e.g., exposure to new approaches, increased confidence, improved client care) outweigh additional demands on staff.
2. Collaboration is complex and nuanced, with many contributing factors (e.g., size of facility, concurrent
3. Guiding principles and actions for strengthening collaboration include: learning about each other’s professions; mutual benefits of collaboration; shared commitment to client-centredness; feeling respected and safe; shared leadership and institutional support; and gaining input from all and sharing information.

4. Collaborative research methods further benefit the setting by fostering collaborative practice. These results were shared in two interactive dissemination workshops with staff, which generated action plans that administrators and staff will implement, with support from the CLC steering committee.

Conclusions
The findings illustrate that the additional work associated with supporting student IPE experiences in this LTC facility is seen as a valuable practice by staff who participated. An appreciative inquiry process allowed for the meaningful engagement of staff, students, family and administrators to identify the existing strengths and challenges of collaboration. Dissemination activities enabled administrators to identify staff-generated actions that further amplify collaborative practice.

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Abstract Number: 399

Abstract Name: IPE/IPCP/TeamSTEPPS®: Same Principles?

Category
Interactive Poster

Theme
Education

Presentation Description

Background: There is growing evidence of the impact of educating healthcare providers using a concurrent methodology for interprofessional education (IPE), interprofessional collaborative practice (IPCP) and AHRQ’s TeamSTEPPS® approach. Evidence includes major reports such as the IOM 1999, call for healthcare education reform in 2010 and the Interprofessional Education Collaboration (IPEC) core competencies in 2011 (Eggenberger, 2016). The values, similarities, and principles of each translate into safe practice, quality, and patient centered/focused care. The principles/concepts of IPE, IPCP, IPEC, and TeamSTEPPS® are essentially the same; yet focus on different audiences. The need to merge these concepts when educating practitioners to recognize the overlaps/similarities sets the stage to examine, understand, and apply these concepts both pre-licensure and when in the workforce.

Rationale/perspective: Interprofessional education principles leads to interprofessional practice engaging knowledge and implementing collaboration skills. TeamSTEPPS® focuses on the practitioner as part of the team using essentially the same principles in the clinical setting. The basic difference is the audience. Post licensure practitioners are more engaged, or apt to hear about TeamSTEPPS®; whereas, pre-licensure students are less likely to be exposed to TeamSTEPPS®. Presently, many healthcare organizations are requesting curriculums to include TeamSTEPPS® principles to prepare healthcare students prior to entering the workforce; so they can understand and implement these principles. As more quality measures, patient focused and value based care is front and center, the merged principles of IPE, IPCP, and TeamSTEPPS® are necessary to engage all levels of practitioners, pre-licensure as well as post licensure.

Evidence/Argument: Multiple drivers exist including regulations and accreditation expectations. Several organizations now require implementing educating in IPE; such as the 2005 Federation of State Medical Boards, Nursing competencies-AACN/CCNE, Council on Social Work Education 2015, Dentistry, Physical Therapy, Pharmacy, and Respiratory Therapy; among others. Many healthcare organizations are now asking educators to teach TeamSTEPPS® to pre-licensure students.

To address this need, evidence is presented to demonstrate successfully merging the concepts of IPE, TeamSTEPPS® and IPCP to achieve collaboration, value, respect, and teamwork; resulting in student recognition of the value of these principles in the work setting.

1) Our course; ‘Interprofessional Care of the Critically Ill’, with pre-licensure students of nursing, pharmacy, social work and RN to BSN (licensed) exposes students to TeamSTEPPS® and IPE while engaging in simulation and case study activities; thus moving into collaboration or IPCP. This is followed by debriefings after each encounter highlighting professional interactions. Throughout this course, the principles of TeamSTEPPS® and IPE lead to IPCP. During each class, the value of these concepts, with the underlying strengths and applications, are highlighted. Licensed students (RN to BSNs) express how what they learn of IPE and TeamSTEPPS® is critical in their workplace.

2) Scenarios based on case studies and simulations explore how IPE/IPCP, TeamSTEPPS®, and
person/patient centered care are the same.
(3) Challenges and successes of merging the concepts will be discussed.

Presenters

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University of Maryland School of Nursing
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Authors
Abstract Number: 402

Abstract Name: PREPARING CLINICIANS TO BE EFFECTIVE INTERPROFESSIONAL PRACTICE INSTRUCTORS: The MGH and MGH Institute Experience

Category
Oral Presentation

Theme
Practice

Presentation Description

Background. Growing numbers of health professions educators are seeking to expand interprofessional education (IPE) opportunities in clinical settings as a means of preparing learners for interprofessional practice (IPP) and the delivery of person-centered team-based care. This requires clinical faculty who are able to effectively facilitate learning focused on competencies for collaborative practice. While clinicians frequently instruct learners in the course of their care delivery, most teach discipline-specific knowledge and skills to individuals entering their own professions, with interprofessional aspects of care blending into the background. Through an academic-practice partnership, Massachusetts General Hospital and the MGH Institute of Health Professions (IHP) have developed a clinical education model in which hospital staff provide early learners from nursing, occupational therapy, physical therapy, physician assistant, speech-language pathology, and medicine with clinical experiences focused on interprofessional aspects of practice. Occurring on three inpatient units designated Interprofessional Dedicated Education Units (IPDEUs), clinicians from multiple disciplines – Interprofessional Practice Instructors (IPIs) – supervise interprofessional student dyads as they treat their patients, and provide essential debriefing opportunities to focus on IPP. Challenged to make the model scalable and cost effective, we determined that much of the burden fell on our busy clinician IPIs. We hypothesized that supporting their development of skill in simultaneously caring for a full patient load and facilitating student learning on collaboration would increase the model’s sustainability and effectiveness.

Aims. This funded project aimed to develop, implement and evaluate an IPI professional development approach that would enhance IPI ability to effectively engage interprofessional student dyads, integrating them into the clinical day as they facilitated learning focused on competencies for collaborative practice. This in turn would support our goal of a cost-effective and scalable interprofessional clinical education model.

Methods. Informed by a needs assessment that tapped former IPIs, we developed a resource toolkit and 90-minute training to help clinicians recognize interprofessional collaboration occurring in everyday practice and acquire the skills and confidence to integrate IPE seamlessly into their complex and fast-paced practice environment. Onsite support was also provided during student visits. To assess effectiveness, we implemented IPI development gathering quantitative and qualitative data from IPIs pre-training and after serving as an IPI, and additionally analyzed student feedback on their experiences with IPIs.

Results. To date we have trained 32 IPIs who have, in turn, worked with 128 students in this interprofessional clinical experience. Evaluation revealed overall IPI satisfaction with the training, increased knowledge of competencies for IPP, self-perceived development themes related to: balancing the dual role of care provider and IPI; self-efficacy in the IPI role; evolution of role identity relative to
IPP/IPE; and numerous “ah-ha” moments. Student feedback was consistently high relative to instructor understanding of IPP, effectiveness in engaging dyads, and positive impact on student attitudes toward collaborative practice.

Outcomes and conclusions. This project demonstrates one approach to supporting the development of instructors in a manner that achieves meaningful learning for health professions students and is sustainable, thus having implications for expanding delivery of person-centered team-based care by future generations of healthcare providers.

Presenters
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MGH Institute of Health Professions

Authors
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Abstract Name: Building Everyday Frontline Leaders: Collaborative Care Leadership Development in Acute Care

Presentation Description:

Building Leadership Capacity in Frontline Leaders: Collaborative Care Leadership Development in Acute Care

Background:

Enabling and supporting frontline collaborative leadership is a priority for AHS and CoACT. The Collaborative Care Leadership Development (CCLD) Certificate Program was designed to develop key skills for frontline leadership—specifically the unit implementation team or Quartet (Unit Manager, Educator, Physician Lead and Unit Lead). Education in a supported learning environment, coupled with learning as a cohort, enables collaboration between informal leaders (frontline staff) and formal leadership on the unit. This collaboration facilitates sustainable change and provides an enabling environment for frontline staff to lead. In addition to supporting a climate that acknowledges the development of interdependent working relationships, role clarity and shared decision-making, participants gain important communication, conflict resolution and coaching skills, as well as insights into personal strengths and capabilities.

Methodology:

The CCLD Certificate Program includes a sequenced education series consisting of seven face-to-face workshops, five online courses or learning modules supported through ongoing journaling, self-reflection and bi-monthly facilitated discussion forums during which participants share experiences, challenges and reflections on learning. To receive a certificate, participants are also required to complete a final project by March 31, 2017.

The CCLD Certificate Program curriculum was developed in collaboration with Talent Management Services (TMS). It is based on the six capabilities of the LEADS Framework and aligned with the Canadian Interprofessional Health Collaborative (CIHC) Interprofessional Competency Framework and TeamCARE Improvement Initiative. Several AHS partners were consulted to ensure the program leveraged existing good work and minimized redundancies. Physician Leads, who are able to access similar courses through the Canadian Medical Association, Physician Management Institute, were invited to support the learning of unit quartet members. The Program launched in November 2015 with 453
participants representing all CoACT units.

Results

The CCLD Certificate Program evaluation included a mid-term survey, focus group interviews and a terminal survey. Participants in the mid-term survey program were asked to evaluate opportunities to apply course content and to discern the degree of management support for collaborative practice and patient-centered care. They indicated a high degree (91.8%) of manager support for collaborative practice and general agreement that the CCLD is meeting an identified learning need related to patient-centered Collaborative Care. Focus group interviews with the PCM/Manager cohort indicated that course content, facilitation of cohort learning, opportunities for self-reflection and application of learning are building frontline competencies in Collaborative Care Leadership. There is also a widely held view that this type of educational support will be needed beyond March 2017. A terminal survey will be completed at the end of the course delivery in March 2017. It is hoped that a more complete picture of the CCLD Certificate Program will emerge and will provide impetus for the design and implementation of a collaborative care leadership development program for frontline providers.

Presenters
Sheron Parmar  
Alberta Health Services  
Crystal Bode  
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Authors
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Alberta Health Services  
Juanita Barrett  
Alberta Health Services  
Debbie Whitesell  
Alberta Health Services
University of Florida Colleges of Dentistry and Pharmacy students participated in an active interprofessional learning activity designed to promote communication and collaboration in caring for a standardized patient who presents with an emergent dental issue.

Methodology
The experience included 236 second-year pharmacy students (2PDs) and 93 fourth year dental students (4DNs). The students were divided into interprofessional teams of approximately 6 pharmacy students and 3 dental students. The interprofessional learning experience was divided into 3 parts: Pre-Experience, Active Learning Experience, Post-Experience.

Pre-Experience:
Students completed (1) an online pre-experience quiz relating to roles and responsibilities of the other profession involved in this experience and (2) a pre-experience Jefferson Scale of Attitudes Toward Interprofessional Collaboration (JeffSATIC) (Hojat 2015). Following this, students presented a brief introduction to their interprofessional team outlining (1) the scope of their professional practice (2) roles and responsibilities of professionals in that practice and (3) information needed to properly evaluate a patient. Following the pre-experience and 24 hours prior to the active learning experience, students were given access to a written version of a patient case for review.

Active Learning Experience:
Student dentist and pharmacist teams interviewed a live standardized patient to gather additional information needed about the patient’s case. Student teams took turns interviewing the patient, with the goal of determining dental needs, establishing a dental diagnosis and identifying medication-related concerns. Once the interview phase was completed, the student teams collaborated to develop a care plan for the patient, specifically focused antibiotic and pain relief medications. Dental students wrote a paper prescription(s) for the patient which the pharmacy students verified, and provided feedback to the dental students, simulating clinical practice. Student teams shared their recommended care plan for the patient with each other in a large group setting.

Post-Experience:
Students were assessed using (1) an online post-experience quiz relating to roles and responsibilities of the other profession involved in this experience, (2) a post-experience Jefferson Scale of Attitudes Toward Interprofessional Collaboration (JeffSATIC) (Hojat 2015) and (3) written documentation of the
patient encounter/dental diagnosis/treatment plan). These assessments were given during a 48 hour window following the active learning experience. Pharmacy students submitted individual SOAP notes documenting their interaction with the patient and their assessment and plan for the patient’s care going forward. Dental students completed an acute phase dental treatment plan with rationale.

Results
Pre- and post-quiz and JeffSATIC results will be compared. Results will be reported in the presentation.

Presenters
Kathryn Smith
University of Florida College of Pharmacy
Gail Schneider Childs
University of Florida College of Dentistry

Authors
Diane Beck
University of Florida College of Pharmacy
Venita Sposetti
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Abstract Name: "Walk In Their Shoes": An Interprofessional Collaborative Practice Immersion Experience

Presentation Description

Background/Rationale

Lack of exposure to and understanding of interprofessional healthcare team members’ roles, responsibilities and areas of expertise often leads to fragmented communication and unproductive collaboration, which may lead to suboptimal patient-centered care, decreased patient safety and worsened patient health outcomes (1,2). To help future physicians gain an appreciation of interprofessional team members’ expertise, role, and unique responsibilities and challenges, we created a five-day interprofessional collaborative practice (IPCP) immersion curriculum for a required 3rd year Internal Medicine clerkship (3) called “Walk in Their Shoes” week (WITS). WITS was inspired by the proverb “Don’t judge a man until you’ve walked a mile in his shoes.”

Method/Methodology

WITS occurs on a large, high-volume, high acuity medical-surgical inpatient hospital unit. Medical students assume the role of a different team member (nurse assistants, bedside nurse, charge nurse, pharmacist, transitional care) each day. They participate in that team member’s assignment for one shift, working side by side with selected team members. Students take a pre and post-test regarding team members’ role and responsibilities, as well as complete a case study regarding barriers to discharge plan adherence and strategies to optimize the patient’s success. Students also write a narrative reflection about how they think the WITS curriculum will influence their future work within the healthcare team and their care of patients.

Results/Outcomes

This is the inaugural year for WITS and to date, 79 students have completed WITS. Students report an increased appreciation and respect for the team members’ roles. They report that the experience is valuable because it increases their knowledge of how the healthcare team functions and their understanding of the exceptional amount of daily work by all team members that is required to deliver excellent patient care.

Precepting team members report that WITS offers them the opportunity to teach future physicians about their areas of expertise and the workflow of a busy hospital unit. They see this as a valuable contribution to IPCP.
Conclusions

We learned that critical elements to the development of an IPCP curriculum are institutional support, a robust multidisciplinary team committed to the ideals of IPE and IPCP, and focused time for curricular design.

It is essential that students assume the role of each team member they work with so they can fully appreciate the experience of that team member’s role and how patients, colleagues, and physicians interact with that discipline.

Real time immersion into a working healthcare team, rather than simulation, is the key to WITS’ success and its educational core. Students experience the challenges and differing expectations commonly encountered from the perspective of each profession and the critical impact that IPCP relationships have on patient health outcomes & patient safety.

Medical students with an increased understanding of the roles and responsibilities of interprofessional healthcare team members will be able to communicate and collaborate with other team members more effectively, leading to increased patient safety and improved quality of patient-centered care (2). These students will become residents, and ultimately independent physicians who are more effective in IPCP.

Presenters

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Abstract Number: 409

Abstract Name: Dilemmas of representation: Patient engagement in health professions education

Category
Oral Presentation

Theme
Education

Presentation Description

Background: The role of the patient in bedside teaching has long been a matter of consideration in health professions education. Here, patients are often conceptualized as teaching material for students learning to become health professionals. However, recent iterations of patient engagement in education also include patients as “storytellers,” members of curriculum planning committees, guest lecturers, and health mentors. While these forms of patient engagement are reported to have many benefits for learners, educators, and the patients themselves, there is concern that such programs may not be representative of the diversity of patients that health care professionals will encounter throughout their career. This problem of representation has vexed educators, but also sociologists and political scientists studying patient and public involvement in arenas such as health services research, policy, and organizational design.

Methodology: In this essay, we engage with sociological and political science perspectives about the concept of representation. We do this in order to expand our understanding of the problem of representation in thinking about patient engagement in health professions education. Our methods involved a literature review, using citation mapping to source influential texts within the fields of sociology and political science related to conceptualizations of representation. We then analyzed these texts, looking for (a) relevance to patient engagement in health professions education and (b) degree of uptake within the field of health professions education.

Results: There has been a long history and a wide range in the ways in which patients have been engaged as part of health professions education. Currently, the field of health professions education is primarily concerned with who to engage for the purposes of patient engagement. This has led to important work in the area of patient recruitment, engagement techniques, and learner preparation. Looking to the fields of sociology and political sciences allows us to elaborate our understanding of engagement so that we might also attend to what is being represented and how these claims of representation are being made. This is a shift from a prevailing concern with recruiting the “right” people, and instead, involves attending to how the “right” people are constructed at this particular moment in time. Looking at representation as a particular kind of social construction means that we attend to how people are invited to engage, what they are being asked to represent, what claims of representation they can make, how those claims are supported, and how those claims might be (inadvertently) de-legitimized.

Conclusions: Attending to these notions of representation and being reflexive about our practices are all part of our moral and ethical obligation as educators. How to do patient engagement well is not entirely a technical question, it is also a deeply ethical one. Given what is at stake—for the patients who participate, the educators, the students, and the health care systems in which all of this activity occurs
—patient engagement in health education deserves our considered thought.

Presenters
Paula Rowland
Centre for Interprofessional Education

Authors
Arno K. Kumagai
University of Toronto
Abstract Name: *Creating an Interprofessional Team Code of Ethics*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

East Tennessee State University’s (ETSU) Interprofessional Education (IPE) program provides opportunities for students in all disciplines within the university’s Academic Health Sciences Center (AHSC), as well as others from psychology and social work, to train together using a team-based approach to health care delivery. The AHSC is comprised of ETSU’s Quillen College of Medicine, Bill Gatton College of Pharmacy, College of Nursing, College of Public Health, and College of Clinical and Rehabilitative Health Sciences. The IPE steering committee at ETSU has developed a cohort-based program, spread across two years, to provide three levels of interprofessional education: informational, formational, and transformational. Each semester during the 2-year experience, students gather for an IPE Day for intensive, experiential learning activities based on one of the 4 domains of IPE: 1) Interprofessional Communication, 2) Values and Ethics, 3) Teams and Teamwork, and 4) Roles and Responsibilities. The purpose of this interactive workshop is to showcase one learning activity from Day 2: Developing an Interprofessional Team Code of Ethics. This activity has proven to be effective in promoting discussion and reflection on the social determinants of health among both faculty and students.

Personal values and ethics are powerful forces influencing an individual’s behaviors. Within interprofessional teams, these forces may contribute to conflict and/or miscommunication when priorities are unclear or differ due to varying disciplinary perspectives. Generational differences can further complicate efforts to create a harmonious team when team members demonstrate conflicting views on key issues, including commitment, compensation, and communication styles. It is important for each team member to have a good understanding of his/her own professional identity which is founded in both personal and professional values. Many academic programs within the health sciences include a focus on personal and professional values and ethics to promote congruence in practice to meet the demands of a chaotic and rapidly changing work environment. This is useful to promote unity within a discipline, but does not address the role and responsibilities as a member of an interprofessional team. Taking this a step further to the team level, we propose it is valuable for interprofessional teams to be cognizant of each members’ code of ethics that guides their respective profession, but to also work in collectively creating an interprofessional team code of ethics that reflects the philosophy and priorities of the team as a whole.

The learning activity will begin with participants identifying personal values and ethics which will be compared and contrasted with the respective discipline’s code of ethics (or relevant statement). Small group discussions will allow learners to obtain knowledge and understanding about the layers of complexity which influence a team’s ability to develop a cohesive approach based on shared goals. Participants, within small groups, will draft a proposed interprofessional team code of ethics based on
the shared values of team members. Proposed codes of ethics will be shared with all participants to promote further discussion and reflection.

Presenters

Teresa Stephens
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East Tennessee State University Academic Health Sciences Center, Bill Gatton College of Pharmacy

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Authors
Abstract Number: 413

Abstract Name: Developing occupational and physical therapy in Haiti: Interprofessional and international collaborations.

Category
Oral Presentation

Theme
Education

Presentation Description
Learn how innovative international interprofessional collaboration among US, Canadian, and Haitian institutions were harnessed to develop the first in-country professional program for the study of occupational therapy (OT) and one of the first for physical therapy (PT). This course will highlight the development of two new educational programs at the Faculté des Sciences Réhabilitation de Léogâne d’Haïti, whose mission is to prepare graduates for effective health care service as clinicians, leaders, researchers, and agents of change in Haiti. The program’s curriculum was developed from a qualitative needs assessment which determined the priorities of rehabilitation managers in Haiti. A significant theme of this assessment was the need for students to develop the interprofessional skills necessary to use a team approach when providing rehabilitation services in Haiti. The curriculum integrates the four areas of inter-professional education as defined by the IPEC (Interprofessional Education Collaborative): values and ethics; roles and responsibilities; inter-professional communication; and team and teamwork.1 The programs build upon the strengths of an already established nursing program which shares the same campus. As often as possible the PT and OT students will take courses alongside one another and the nursing students, complete interprofessional assignments, and engage in clinical education together. The majority of the courses in the curriculum are interprofessional and are developed and taught by OT/PT faculty teams.

A panel of speakers will describe 1) the educational model and uniquely designed rehabilitation curriculum to meet the needs of the Haitian context, 2) the various supports garnered to facilitate faculty participation in the development of the program including a Fulbright Specialist project, 3) development of interprofessional clinical fieldwork sites reliant on foreign trained therapists to provide the in-country clinical education, and 4) the creation of an independent ethics committee (IEC) to engage the university and the Haitian community in research.

Haitian OT and PT educational programs are critical to meet the on-going healthcare needs of this country. Graduates from the program face situations in Haiti where they are forced to make critical decisions which have a long-term impact on clients. The few therapists who are practicing in Haiti have been trained outside of the country and although there has been an increase in short-term therapy after the 2010 earthquake, this assistance is severely time limited and does not contribute to the long-term revitalization of the Haitian healthcare and rehabilitation system for adults and children with acute and chronic disorders. An estimated 7–10% of the Haitian population is disabled, implying that 500,000–800,000 of the country’s nearly eight million people are living with some type of disability.2,3 The Faculté des Sciences Réhabilitation de Léogâne has a mission to prepare graduates to work cooperatively on interprofessional teams, whenever possible, in order to provide effective health care service as clinicians, leaders, researchers, and agents of change in Haiti.
Presenters
Julie Booth
Quinnipiac University
Patty Coker-Bolt
Medical University of South Carolina
Janet O'Flynn
Faculté des Sciences Réadaptation de Léogâne d’Haïti
Kate Barrett
St. Catherine University
Jami Flick
University of Tennessee Health Science Center

Authors
Abstract Name: Advancing the Level of Measurement in IPE from Self-Report to Assessment of Behavior Through Sociograms

Category
Interactive Workshop

Theme
Education

Presentation Description

Background/Rationale
Interprofessional education (IPE) experiences assist healthcare profession students in developing the collaborative skills required for today's complex healthcare environment (Abu-Rish et al., 2012). Previous research has demonstrated that IPE experiences improve self-reported attitudes among health students working as an interprofessional healthcare team (Lairamore, George-Paschal, McCullough, Grantham, & Head, 2013). The sociogram can provide advanced levels of measurement by progressing from student self-report data about the IPE experience to helping educators identify and describe actual interpersonal interactions during group situations. This measurement tool can provide insight into hidden structures that give form to a group and may be useful in identifying health care teams that produce the greatest potential for successful, patient-centered care (Meltzer et al., 2010). Data obtained through use of a sociogram can be shared with interprofessional participants to provide specific insights into the frequency and types of group interactions. Sociogram notations can reveal mutual interactions, power shifts, rejections, imperatives and questions, as well as the level of participation of each group member. Educators and students can use this data to identify areas for growth and guide both the educator and student toward cultivating improved skills in collaboration, communication, and teamwork.

Engagement Method
Participants will have an opportunity to take turns using a sociogram to measure small group interactions during a simulated IPE experience. Subsequent to this experience, members of each group will use guided discussion questions to analyze and discuss interactions revealed through their group’s sociogram. Through a large group discussion, participants will exchange possible uses of the sociogram in their respective programs.

Session Outline
Introduction: The session will begin with an explanation of the use of the sociogram in a pilot study using a case-based team challenge. The session leaders will provide examples of the sociogram data from the pilot and describe how it was used to measure students’ interactions and contribute to IPE research. Participants will receive instruction in how to measure student interactions through a sociogram. Presenters will provide a sample rating form for use during a hands-on experience.

Hands-on experience: Participants will break out into smaller interprofessional groups of five-six individuals. Four members of the group will complete an interactive task, while two members of the group use a sociogram to graph the interactions of the group members. Debriefing: Through guided
small and large group discussions, participants will reflect on their resulting sociograms and possible applications for measuring the IPEC core competencies within their own IPE programs.

Presenters
Leah Lowe
University of Central Arkansas
Lorrie George-Paschal
University of Central Arkansas
Duston Morris
University of Central Arkansas
Chad Lairamore
University of Central Arkansas

Authors
Abstract Number: 417

Abstract Name: Advancing the Million Hearts® Initiative: An Interprofessional Approach to Preventing One Million Hearts Attacks and Strokes

Category
Oral Presentation

Theme
Education

Presentation Description
Background: Cardiovascular disease is the number one cause of death and disability in the world; however, it is the most preventable chronic disease. Million Hearts® is a US national initiative to prevent one million heart attacks and strokes by screening and educating the public on the “ABCS” of cardiovascular health. By practicing four simple lifestyle behaviors, more than 80% of heart attacks and strokes could be prevented. Million Hearts® is an innovative platform for educating health care professionals and health sciences’ students on the importance of population health and interprofessional teamwork. Methods: In an effort to promote this initiative, the National Interprofessional Education and Practice Consortium to Advance Million Hearts® (NIEPCAMH) was founded in January 2013. The consortium is designed to facilitate the partnering and synchronization of community partners and academic institutions in initiating and promoting cardiovascular population health by completing cardiovascular screenings and behavioral lifestyle education in local communities. As part of NIEPCAMH, The Ohio State University developed a free online Million Hearts® interprofessional educational module, the Million Hearts® Fellowship program. Ninety percent of the participating NIEPCAMH organizations are academic institutions who use the online module as a method of teaching their health sciences’ students about population health and interprofessional care. The Million Hearts® Fellowship module is online, free, and takes approximately five hours to complete. It entails four easy steps. The first step involves watching a series of five focused lectures. Content includes: an outline of Million Hearts® initiative/population health; an overview of how to complete an accurate and uniform Million Hearts® screening; an interpretation of normal and abnormal values; a sample triage protocol for screenings; and a review of how to effectively counsel participants on healthy cardiovascular lifestyle modifications. The second step requires students to complete ten Million Hearts screenings in their communities. During the third step, the students enter de-identified data on the ten people for whom they conducted Million Hearts screenings into an online survey system (e.g., age, race/ethnicity, blood pressure). The final step is taking a post-test. Upon passing the test, students are certified as Million Hearts® Fellows. Results: Over 150 academic institutions and healthcare organizations are part of NIEPCAMH and over 5,000 people have accessed the program. By all partners working together, over 53,000 people have been screened and educated for cardiovascular disease nationwide. Conclusions: Early identification of disease and promotion of cardiovascular prevention leads to reduced morbidity and mortality rates in addition to reduced costs. Academic institutions and health science professionals partnering together as part of the NIEPCAMH provides a unique opportunity to demonstrate the impact that a unified approach can have on improving population health through the use of screening, education, and prevention.

Presenters
Authors

Kate Gawlik
Ohio State University
Bernadette Melnyk
Ohio State University
Abstract Number: 420

Abstract Name: Provost’s Book Club as an Interprofessional Faculty and Staff Development Activity

Category
Interactive Poster

Theme
Leadership

Presentation Description
Over the past decade, book clubs became increasingly popular for promoting social interaction and lifelong learning. Recent literature described the use of book clubs as stimulus for university-level discussions to raise awareness of unconscious bias, to enhance leadership skills among professional students in residency training, and to provide a novel psychosocial intervention to improve outcomes related to physical activity and mental health among cancer survivors.1-3

The Provost’s Book Club was developed to foster interprofessional opportunities for faculty and staff development, to build leadership skills and teamwork, and to improve cultural awareness and sensitivity.

Establishing the club included:

1. Addressing logistics associated with forming the group(s) and communicating to the university community
2. Establishing an annual budget based on projected costs
3. Soliciting faculty facilitators to coordinate and lead sessions
4. Identifying books that met book club objectives
5. Evaluating book club outcomes

A $5,000 annual budget was supported by the Chancellor to establish the book club as an element of IPE initiatives to foster collaborative care. A solicitation was emailed to all faculty and posted in the university’s weekly email announcements with a first-year enrollment goal of up to 50 faculty and staff. The budget included the costs of five books for the 50 members.

Two faculty members, along with the Provost, served as facilitators so that small group sessions could be offered multiple times for each book. The facilitators met prior to each book to share ideas that might enrich the discussions.

The first five books chosen were based on recommendations from university leadership for books that best met the book club’s goals.

The books chosen:

- Strengths Finder 2.0 by Tom Rath, — About developing and applying one’s natural talents
The Provost’s Book Club proved a popular way to promote friendly discussions among faculty and staff while serving as a method of leadership development and interdisciplinary discourse.

An evaluation tool is being developed for distribution following the fifth book. In addition to measuring satisfaction with the format, book selections and discussions, the tool will assess how well participants thought the club impacted leadership development and fostering an interprofessional environment.

Presenters
Stephanie Gardner
University of Arkansas for Medical Sciences

Authors
Jon Parham
University of Arkansas for Medical Sciences
Abstract Name: *The Use of Virtual and In-Person Simulated Patient Cases in IPE*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background/Rationale:**
Delivering experiential learning opportunities specifically focused to enhance teamwork and team skills has always been challenging. Delivering these opportunities to large numbers of students adds to the challenge of producing high quality education while also having the student perceive that their learning has been enhanced through this type of engagement. To address these challenges, we developed an IPE program that utilizes both an online simulated patient case and an SP classroom based model with facilitation.

**Method/methodology:**
Approximately 600 health professions students from nine health professions (MD, PA, BSN, PhamD, PT, Speech, SW, DDS, MHA) are divided into teams of 8 students each. Not all professions are represented on each team due to class numbers for some of the health professions (ex. PT). The course is three semesters in length starting in the first year of their chosen health profession. Students learn about teamwork, collaboration and professional roles during the first two semesters and then utilize this knowledge (along with clinical knowledge learned in their other coursework), in the third semester to provide care to patients through low and high fidelity interactions. In the first case, students follow a patient with pain as they navigate the healthcare system, make decisions, and see outcomes based on their decisions. Students play the role of every healthcare provider with the primary goal of communicating in a manner that supports a team approach to the treatment of disease. Feedback is attained by responses chosen during the simulation. In the second activity, teams meet in person and work through discharging a post stroke patient with a moderately complex social situation. An SP provides the responses during the team and profession interviews. A facilitator is present to provide context, suggestions and to keep discussion on topic.

**Results/Outcomes:**
Student feedback is extremely positive about both methods for learning about teams, skills of team members, and overall feedback (virtual and real time). Students preferred the in-person meeting over the computer based module but preferred both methods to readings, surveys, or self-reflection. Students overall asked for more small group activities and opportunities to work with SPs or patients as members of a team. Due to the number of facilitators and asynchronous learning between learners, the ability for this to occur is remote.

**Conclusions:**
Learning about teams, teamwork and professional roles can be accomplished in several formats. Students prefer hands on/real time learning vs computer based or through reading followed by self-reflection. Outcomes were positive for both real time and virtual team based activities. Cost for real time small group learning can be an issue when paying for SPs as well as the number of facilitators needed to
guide these groups. Virtual activities are cost effective after development, but take significant work prior to provision and skilled IT team members are required.

Presenters

Anthony Brenneman
University of Iowa Carver College of Medicine
Megan McDowell
University of Iowa Caver College of Medicine

Authors
Abstract Name: Building a Simulation and Experiential Learning based IPE Program in a College of Health Sciences

Presentation Description

According to the World Health Organization, Interprofessional Education (IPE) occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. The College of Health Sciences (CHS) at Samford University was created in 2013 and contains the schools of Nursing, Pharmacy, Health Professions, and Public Health all offering undergraduate and graduate programs. IPE in the CHS has grown exponentially and now includes both community and acute care based simulation and experiential learning activities that accommodate all faculty, staff, and, students wishing to participate.

Interprofessional Education at Samford University began in April 2011 prior to the creation of the CHS with an inaugural Disaster Simulation in the Ida V. Moffett School of Nursing. This simulation was a small-scale community based active shooter drill involving 50 senior level Baccalaureate Nursing students and several community partners (local Fire, Police, and Emergency Medical Services), confined to one classroom in one building. Each year the simulation has grown in numbers as well as participating disciplines. In 2017, programs from each school within the CHS will participate in a full-scale community based simulation with an expected participation of over 500 students, faculty, staff, and community partners. As new programs/schools were added to the CHS it became apparent that new planning and evaluation processes were needed to ensure that faculty from each school/program had the opportunity to actively participate in the development and evaluation of roles and learning objectives for their students. The learning management system used by the university provided an easy to use, widely accessible platform for planning and evaluation of IPE simulation activities.

Multiple small scale, isolated, acute care IPE activities have also been going on since 2011. Prior to the opening of the CHS, the designated campus simulation space was very small, had a part time director, no staff and limited budget that did not accommodate the increasing number of students and programs interested in participating in IPE activities. In August of 2016, the CHS moved into its new space that includes a 20,000 square foot Experiential Learning and Simulation Center. The Center is staffed with an Executive Director, a Lab Manager, and a Standardized Patient Program Director. Having all 4 schools together under 1 roof, access to a large state of the art Simulation and Experiential Learning Center, staff with a wealth of experience, and a usage fee schedule has given faculty the opportunity to think about and plan larger scale acute care opportunities for IPE. We are currently planning an Acute Care Simulation week for the Fall of 2017. During this week, all CHS students involved in acute care will have the opportunity to rotate through an unfolding case study involving standardized patients, high fidelity mannequins, and peer-to-peer interactions. Guided by the CHS IPE framework, faculty and staff from all
four schools will develop a complex unfolding case study with patients progressing through the health care system from preadmission to discharge to rehabilitation and home visits.

Presenters
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Samford University

Authors
Abstract Number: 426

Abstract Name: Beyond Debriefing: The Experience of Facilitating Interprofessional Students in a Simulation Learning Activity

Category
Oral Presentation

Theme
Education

Presentation Description

Background: Simulation is increasingly recognized as a useful educational strategy that has the potential to allow interprofessional healthcare students to collaborate together in an authentic learning environment (Baker et al., 2008). Debriefing is considered the most important element in enhancing learning following a simulated learning activity, and the role of the facilitator is vital to the success of the debriefing process (Cheng et al., 2015). Despite the documented importance of debriefing during interprofessional education (IPE) simulations, few studies have investigated how facilitators view the benefits and limitations of debriefing as they relate to student learning (Mariani, Cantrell, & Meakim, 2014). In addition, there is limited work published on interprofessional debriefing methods and how to structure faculty development initiatives to respond to the needs of educators and clinicians with facilitator roles. In light of the need to better understand debriefing in IPE, this study seeks to understand facilitators’ experiences debriefing an interprofessional group of university healthcare students following a simulation learning activity.

Methods: Participants were recruited from a pool of thirty facilitators who participated in one of eleven interprofessional simulation activities that took place at the Steinberg Centre for Simulation and Interactive Learning at McGill University between January and March 2016. In preparation for the simulation activity, participants had been invited by the organizers to attend a faculty development workshop on debriefing skills. Semi-structured interviews were conducted with eleven participants who were university faculty members or clinicians from the following schools within the Faculty of Medicine: Nursing, Occupational therapy and Physical therapy. A constant comparative method was used to analyze the audio-recorded interviews. Using this inductive approach, data was collected and analyzed concurrently throughout the study. Data was reduced by generating codes and categories, and emerging themes were identified from recurring patterns within the categories. These themes were confirmed in peer debriefing sessions within the research team.

Results: Facilitators described a number of salient events and activities that they engaged in to develop their debriefing skills for this interprofessional simulation experience. Four themes captured their narratives: learning from a unique opportunity, moving from a didactic approach to enabling the process, dealing with contextual and interpersonal challenges, and investing in and appraising self-development. The themes illustrate that developing debriefing skills for the interprofessional simulation context involved a complex set of learning activities that collectively comprised the facilitators’ overall experience. All participants expressed the importance of what they had learned and how these skills might be transferred to other teaching/learning situations.
Conclusion: There are few published studies that have explored interprofessional debriefing methods and how to structure faculty development initiatives to respond to the needs of facilitators. This study provides an understanding of facilitators’ experiences developing their debriefing abilities in the interprofessional simulation context that may inform future initiatives to prepare educators to master this important pedagogical skill.

Presenters
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Abstract Name: Many Programs, Two Campuses, One Goal: Integrating Interprofessional Education (IPE) into Multiple Health Profession’s Curricula

Category
Oral Presentation

Theme
Education

Presentation Description
An essential responsibility of health care providers today is to optimize care to improve overall health services, lower patient mortality, improve patient satisfaction, and decrease medical costs (U.S. Department of Health and Human Services, 2015). This evolving complexity of services requires teamwork amongst a variety of health care providers/professionals to provide optimal patient care while safely maintaining efficiency. As a result, interprofessional collaboration has become a mainstream component of clinical practice. The Interprofessional Education Collaborative (IPEC) formed in 2009 to promote and encourage interprofessional learning experiences to better prepare future health professionals for team-based patient care (IPEC, 2011). IPEC members developed four core competencies which guide educators as they prepare students for interprofessional practice: values and ethics for interprofessional practice, roles and responsibilities, interprofessional communication, and teams and teamwork (IPEC, 2011).

Many health professions accreditation agencies have included and are adding IPE training and experiences as a requirement for accreditation. As a result, academic institutions are formally integrating IPE programs into their required curriculum (VanKuiken, Schaefer, Hall, & Browne, 2016). It can be challenging for some institutions to allocate dedicated resources for the development and management of IPE programs. The graduate campus of our institution is well-positioned to educate and prepare students in eight health professions programs for interprofessional practice. In 2012, a faculty-initiated IPE Working Group formed with the goal of developing IPE activities that would benefit students in the nursing, pharmacy, physical therapy, and physician assistant programs. The IPE Working Group has evolved through time into a highly productive, collegial, multidisciplinary committee that now includes faculty from all programs. Dental hygiene, optometry, occupational therapy, and acupuncture programs joined over time. The Group has developed 4 core IPE activities that occur throughout each academic program in the areas of professional roles, cultural competency, effective communication, and transitions in care. Members have ensured that each activity links back to the IPEC core competencies and has consistent IPE-related course objectives for all programs involved. The IPE Working Group continuously assesses each activity and has made multiple changes based on student and faculty feedback. This presentation will include how this Group initially formed, an overview of the 4 annual IPE activities, as well as the many challenges faced by the Group along the way. The development of a shared mission and standardized IPE activity checklist criteria will also be discussed along with the Group’s future plan for expanding their efforts.

Presenters
Cheryl Babin
Authors
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MCPHS University
Stephanie Maclary
MCPHS University
Susan Cook Merrill
MCPHS University
Amanda Morrill
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Danielle Yocum
MCPPHS University
Abstract Name: Interprofessional Role Clarification for Client-Centred Care Among Licensed Health and Social Care Practitioners in Community Hospitals

Presentation Description

Background: Refinement of health care systems has increased the demand for health and social care providers to share client care by functioning in a variety of roles within interprofessional (IP) teams. Role clarification is a necessary component of IP collaborative practice for client-centred care (CIHC, 2010), but a review of the literature indicates that research pertaining to role clarification is scant. Limited information is available that describes and clearly defines interprofessional role clarification as a concept and as an outcome. Thus a concept analysis of role clarification was undertaken to identify antecedents, attributes and consequences of role clarification; this provided the groundwork for development of a new instrument to measure role clarification, the Interprofessional Role Clarification Scale (IPRCS).

Methods/Methodology: It is proposed that the engagement of health care providers in their work with others leads to the effectiveness of role clarification and that this relationship is moderated when health providers exercise reciprocity with each other. The population of interest includes licensed health and social care practitioners in smaller community and rural hospitals since they tend to work closely in consistent teams and often require the sharing of resources and roles. Additionally, this population has less frequently been studied. Initially this study will assess the relationship between a person’s engagement in IP work and interprofessional role clarification and will further explore the moderation of a person’s reciprocity in working with others and its resulting effect. It is further believed that personal factors will influence a health provider’s engagement with others. Using SEM, a proposed moderation path model will analyze the data to measure these relationships and determine the theorized model fit.

Results/Outcomes: Preliminary findings will be reported from testing of the new instrument and the theorized model will be presented with a discussion of expected outcomes.

Conclusions: This study will add (a) to the empirical knowledge regarding role clarification within interprofessional teams; (b) clarify characteristics associated with role clarification; and (c) add a new instrument to assess the effectiveness of IP role clarification.

Presenters

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University of Western Ontario
Authors

Carole Orchard
University of Western Ontario
Mickey Kerr
University of Western Ontario
Eunice Gorman
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Marilyn Evans
University of Western Ontario
Abstract Number: 433

Abstract Name: The Impact of Volunteering in an Interprofessional Wellness Center on Student Knowledge and Confidence

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Rationale:

The LS Skaggs Patient Wellness Center (LSPWC) is a new multidisciplinary facility opened in the summer of 2016 at the University of Utah. The LSPWC provides health and wellness programming for the community. The center provides a convenient approach and increased value for underserved groups of patients struggling with health challenges including Parkinson’s disease, multiple sclerosis, arthritis, stroke, and diabetes. Through an innovative multidisciplinary approach, students and faculty from the Colleges of Health (including kinesiology, physical therapy, athletic training, nutrition and integrative physiology, and occupational therapy departments), Pharmacy, Nursing, and School of Dentistry work together to provide patient care.

In addition to providing quality preventive health services, the LSPWC is committed to the Interprofessional Education Collaborative’s goal to “prepare future health professionals for enhanced team-based care of patients and improved population health outcomes.” The LSPWC is devoted to the engagement of multidisciplinary students, including those in professional programs and those preparing for admittance to professional programs. In fact, pre-licensure students pursing health science careers consistently volunteer and train at the center. The volunteer commitment is weekly and spans an academic semester. Pre-professional students perform various activities, depending on their areas of interest, but often include: shadowing practitioners, preparing equipment and treatment areas for patient care, directing patients to appropriate areas, assisting patients with transfers, performing vital sign assessment, and conducting manual stretching.

The objective of the study was to determine the impact of volunteering on pre-professional student: (1) knowledge of common disease states and (2) comfort working with patients with common disease states.

Methods:

Pre-licensure student volunteers at the LSPWC were enrolled in this study. Prior to the start of the academic volunteering semester, students completed a pre-experience survey that assessed knowledge of the most common disease states encountered at the LSPWC. The survey also included questions to gauge comfort in working with patients with common disease states. The same survey was administered at the conclusion of the semester long volunteer experience. A post-volunteer written reflection was also administered.

Overall knowledge survey scores were assessed using a pared t-test. Item analysis of knowledge
questions were compared using a McNemar test. Comfort scores were assessed using a Wilcoxon Signed-Rank test. The post-experience reflections were assessed qualitatively using thematic analysis.

Results/Outcomes:

The pre-experience survey was administered in January 2017 and the post-experience survey will be administered in May 2017. Results will be computed June 2017.

Conclusions:

The authors hypothesize volunteering at the LSPWC will increase student knowledge of common disease states; they also hypothesize improvements in comfort working with patients with the same disease states. Conclusions will be updated after data analysis.

Presenters

Skye McKennon
University of Utah

Authors

Ellen Maxfield
LS Skaggs Patient Wellness Center, University of Utah
Abstract Name: *Concept mapping: An example of effective instructional practice in IPE case study forums*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

**Background/Rationale**
Trainers of health care professionals are struggling how to identify best practice for IPE activities in the short and long term. Longitudinal research is cumbersome, monetarily expensive, and time consuming. Therefore, trainers must be creative in how to promote and measure the likelihood of improved patient care following training. One method of increasing the likelihood of the long term effectiveness of IPE training is to use empirically supported instructional practices like concept mapping.

Concept maps were first used by Novak in 1972 at Cornell University. Novak used Ausubel’s Theory of Meaningful Learning is the foundation for the tool. A good concept map is thought to encourage creative thinking, problem solving, and learning. Concept maps assist learners in answering question and understanding events or situations. Two important characteristics of good concept maps are cross-links and hierarchical structure. Cross-links represents relationships between concepts that may have been initially overlooked by a learner. Hierarchical structure refers to the placement of general concepts towards the top (or middle) of the map and more specific concepts towards the bottom (or edges) of the page.

Time is a valuable commodity in health care training programs. Therefore, trainers must ensure time is wisely spent in IPE training activities. Concept mapping activities can promote the likelihood of legitimate learning. Data from the concept maps can be reviewed to better understand individual contributions as well as compiled to better understand the depth of understanding of the team, and/or what the team did not consider during the training activity; thus informing instruction.

**Engagement Method**

Participants will listen to a very brief overview of how concept mapping is completed. Following the overview, participants will complete a concept mapping exercise using a case study within small interprofessional groups. Participants will be guided by facilitators throughout the activity and will be able to ask questions to promote discussions. Participants will be provided with learning objectives and specific instructions to integrate concept mapping in their own instruction..

I. Brief Overview
II. Concept mapping exercise with facilitator guidance and feedback
   A. Case study example
   B. Interprofessional problem solving in the form of concept mapping
III. Example from an actual IPE case-based forum
A. Scripts for implementation
B. Trouble shooting guide for facilitators
C. Student exemplars
D. Student behaviors and feedback regarding concept mapping
IV. Discussion of how to use concept mapping in instruction

Presenters
Heather Martens
University of Central Arkansas
Chad Lairamore
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Lorrie George
University of Central Arkansas
Duston Morris
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Authors
Abstract Name: Finding Common Ground within Interdisciplinary Teams - Framework and Professional Behavior Assessment Tool

Category
Interactive Poster

Theme
Education

Presentation Description
Patient-centered care is delivered by interprofessional teams, yet many health professional educational programs focus only on the skills and knowledge important and perhaps unique to that specific profession. This framework supplies a common ground of defined professional behaviors for all team members. The behavioral assessment tool can be used for a variety of purposes including self-assessment, evaluations, team assessment, and conflict resolution. In the current milieu of standards for accreditation, competencies, and milestones, this framework helps identify and complement profession-specific requirements related to teamwork.

There is common ground to be established before a team can work together effectively. This includes key components that must be in place before teamwork can even be imagined.

Trust is crucial in healthcare—trust between patient and caregivers, trust between health team professionals, trust between providers of care and the entities that pay for care. Talk with any health professional and you will hear stories about trust and respect (or lack of it) between professions (and sometimes within professions).

The use of the word respect in this context is “an act of giving particular attention”. We must respect the role, background, and skills of each team member. Respect should be consciously present in the team at the beginning. Trust develops as a team works together. The balance and synergy of trust and respect is crucial to a healthy team that focuses on patient-centered care.

In healthcare, it would seem as though the common focus of any interaction would be for the potential benefit of the patient. However in the daily work of caring for patients this focus can be lost. For example, if a professional is intent on just accomplishing a specific task the focus could switch from patient centered to task centered (i.e. "just doing my job")

Everything from sophisticated electronic technology to low tech, but highly effective, nonverbal cues can be used to convey messages. Basic principles of effective communication apply to every profession, independent of specific roles, responsibilities, or tasks.

The patient-centered priorities may change from moment to moment, but a good team remains flexible to meet those changing needs as the patient situation unfolds over time. Roles, leadership, and tasks can change in the blink of an eye. It is the responsibility of every team member to be alert, adaptable,
and ready to take responsibility when these changes occur.

The professional behavior tool is divided into four sections: 1) Professional Competencies 2) Interactive Dynamics 3) Shared Responsibilities and 4) Active Participation. Each section covers a range of three specific categories and a scale for the evaluation of specific behaviors within that category. Categories include core of knowledge, technical skills, professional development, use of feedback, interactive skills, and communication skills, accountability, critical reasoning, problem solving, self care, effective use of resources, and leadership.

Weaving these threads of patient centered interprofessional care together helps creates quality patient-centered health care teams which have a common ground for all professions.

Presenters

Jane Gudakunst
Michigan State University

Authors
Abstract Name: Teaching and Assessing the Collaborator Role: An easy to use 'How to Guide' for Health Professional Educators

Abstract Description

Background: Collaboration is an essential competency for health professionals working in today’s health care system. Globally, interprofessional education for collaborative practice is now included in the accreditation standards for most health professional training programs. In Canada, CanMEDS 2015 serves as the educational competency framework for Medicine and other health professional programs. This framework clearly articulates the collaborator role competencies required of health professional learners upon graduation; however, little is known about how health professional programs are teaching and assessing these competencies in training. The College of Family Physicians of Canada (CFPC) engaged a group of interprofessional education leads from across the country, the Collaborator Role Working Group, to research current collaborator role teaching and assessment practices and to develop a practical guide of tools and strategies to support educators in these tasks. This presentation will briefly outline the process of development of the ‘How to Guide’ and then focus on the ‘Guide’s’ organization and the teaching and assessment strategies. By the end of the session participants will be familiar with the ‘Guide’, how to access it for educational support within their own teaching context.

Methods: Between 2014 and 2016 the Collaborator Role Working Group of the CFPC completed a literature review, environmental scan and a national survey. The questions posed were: What are the formal and informal methods of teaching the collaborator role competencies globally and in Canada? What are the formal and informal methods for assessing the collaborator role competencies, globally and in Canada? And, of these strategies which ones are common, reliable, practical and sustainable across health professional training programs, and across educational contexts?

Results: The literature and environmental scan revealed a wide variety of tools employed internationally, with some commonalities in competency targeted and assessment methodology. However, very few of the identified tools were formally developed and validated. Similarly, from the National survey few respondents identified formal teaching or assessment strategies for the collaborator competencies. Most described informal clinical experiences as the main approach to both teaching and assessment. Of the formal approaches listed, workshops, simulation and direct observation in practical settings were the tools most commonly identified. Identified strategies were then compared to the literature and reviewed for application to educational context: clinical practice setting, outside of the practice setting and educational leadership (curriculum development and program evaluation). Common, practical and sustainable tools were selected for the ‘How to Guide’.

Conclusions: Teaching and assessing the collaborator role competencies in health professional training remains challenging. Identifying and sharing best practice tools and strategies, in a practical, easy to use ‘How to Guide’ will not only facilitate these processes for health professional educators, but also help to ensure comparability of programming and assessment across the country and make certain that all new
health professional graduates in Canada are adequately supported in the attainment of these essential collaborator role competencies.

Presenters
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University of Ottawa
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University of Sherbrooke
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Dalhousie
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University of Toronto
Abstract Number: 438

Abstract Name: PhotoVoice: a Method to Evaluate an Interprofessional Primary Care Model of Care

Category
Oral Presentation

Theme
Practice

Presentation Description
As part of a HRSA-funded grant (#UD7HP26040, PI-Vlasses) to create nurse-led interprofessional teams to work collaboratively in an under-served community at a primary care clinic and a school-based health center, a qualitative method, called Photovoice, was used pre and post delivery system redesign to evaluate changes in patient perspectives of health, health behaviors, environment/cultural influences on health, and health care. This method of participative action research captures perspectives both pictorially and by interview, where participants are give a camera, take pictures over 2 weeks, and then discuss the pictures during a recorded interview. Patient participants at both the Family Practice Clinic and the School Based Health Center took pictures that related to their view of health and health behaviors, environmental and cultural perspectives of their health, and their view of health care (n=9 pre, n=5 post). Findings indicated no change in view of health and environmental and cultural influence on health. However, participants viewed a more active role in changes in patients’ view of health behaviors and expressed a more collaborative view of health care, highlighting the importance of the interprofessional team’s relationship with the patient as the catalyst to change. The success of this program has led to initiatives to implement this model institution-wide.

Presenters
Lisa Burkhart
Loyola University Chicago
Frances Vlasses
Loyola University Chicago

Authors
Abstract Name: *Preparing medical and physical therapy students for collaborative practice and improved decision-making through interprofessional education*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
The University of Arizona College of Medicine (UA) and Northern Arizona University (NAU) developed and implemented an Advanced Collaborative Care interprofessional workshop to expose students to collaborative practice and decision-making. The workshop brought together 106 medical and physical therapy students to collaboratively manage two common scenarios: the examination and management of chronic low back pain, and post-surgical acute care discharge planning. This presentation will introduce the collaborative practice format, provide attitude and clinical decision making outcomes and discuss areas for future growth.

**Background/Rationale**
Poor interprofessional collaboration can negatively influence the delivery of health care services and impact patient care. Interventions directed at communication and collaboration have the ability to improve health care practice and outcomes and prepare students for a career in collaborative practice.1 Medical and Physical Therapy students’ attitudes toward interprofessional collaboration and clinical decision-making may be influenced through focused interprofessional educational (IPE) experiences that aim to bridge education to collaborative practice.2

**Methods**
Fourth year medical (n=71) and second year physical therapy students (n=35) convened into interprofessional small groups to discuss and demonstrate the overlapping needs and skills related to patient care during a 4-hour Advanced Collaborative Care workshop. Two patient care topics were used to structure the event: 1.) Evaluation, management and treatment of chronic low back pain; and 2.) Post-surgical acute care discharge planning. The clinical scenarios were presented through the use of standardized patients, case studies and simulated patient experiences.

Pre and post surveys assessing shared learning, communication, professional limitations, identification of patient problems and clinical decision-making were compared.

**Results**
Following the IPE experience, students reported an improved understanding of clinical problems and professional limitations, improved communication skills, and improved clinical decision-making.

**Conclusions:**
Effective teamwork and communication between healthcare disciplines is necessary for quality patient care and improved outcomes. A thorough understanding of the design, implementation and outcomes of a successful IPE experience, along with areas for growth, may be helpful to educators looking to implement IPE into curricula and ultimately impact future patient care.

**Presenters**

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Kathleen Ganley  
Northern Arizona University, Physical Therapy Program

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Abstract Number: 441

Abstract Name: Innovative Strategies for Customizing an Interprofessional Preceptor Training Program

Category
Interactive Workshop

Theme
Education

Presentation Description
Health care professionals need preparation and support to work in high-functioning collaborative practice teams. To ensure that our health professions learners will be able to work effectively in teams, we need to educate them in classroom, simulation, and experiential practice environments where the model is interprofessional collaborative care. Yet limited IPE training has been provided to preceptors who train learners in experiential practice environments. This workshop will provide insight to individuals, administration, and/or leadership interested in developing an interprofessional preceptor training program. A step-by-step process from initial preceptor recruitment to formal preceptor assessment will be discussed. The steps will include (a) identifying general competencies for interprofessional precepting, (b) the differences between “generalized” and “individualized” training programs and the diversity of mediums and modes that can be utilized, and (c) assessment strategies to ensure that an interprofessional preceptor development program is successful. As each of these steps are described, attendees will have opportunity to participate in a variety of active learning exercises.

1. Competencies: Following a short introduction (5 minutes), all attendees will be asked to work with other individuals to identify the most important components of an interprofessional preceptor development program. Attendees will be asked to consider competencies for interprofessional precepting, programming mediums, and assessment mechanisms using a provided toolbox of items (7 minutes). Presenters will describe important preceptor competencies and highlight their roles in preceptor development (5 minutes). Participants will then be asked to complete a short self-assessment of their interprofessional precepting abilities to highlight the variability in confidence levels related to teaching interprofessional collaborative care (5 minutes).

2. Medium/Modes: Presenters will discuss the different types of engagement strategies and programming (mediums/modes). Engagement strategies will include but are not limited to learning style inventories, ice-breakers, and peer-assisted learning techniques. In regards to mediums, a variety of programming offerings will be discussed including live workshops, peer coaching, online modules, podcasts, webinars, and video-based training (7 minutes). Advantages and disadvantages of each medium will be generated. In addition, attendees will have opportunity to experience an innovative video-based interprofessional preceptor mini-series program that has been developed by the presenters. One episode of a 12-episode series will be shown. Audience reflection and discussion will allow participants to discuss the effectiveness of this unique learning tool (12 minutes).

3. Assessment mechanisms: Using Kirkpatrick’s learning model as the framework, assessment of preceptor programming success will be described at the reaction, learning, behavior, and results level. Participants will be provided assessment pearls they could use in creating a comprehensive preceptor development program (7 minutes). Critical to the assessment process of preceptors, the principles of
lifelong learning and continuing professional development will emphasized throughout the presentation. At the conclusion of the program, attendees will be asked to review their preceptor competencies, programming mediums, and assessments they had selected at the start of the program to see if they would like to make changes based on information provided during the presentation (7 minutes). A few minutes will be allocated at the end for question and answers (5 minutes).

Presenters
Craig Cox
Texas Tech University Health Sciences Center School of Pharmacy
Renee Bogschutz
Texas Tech University Health Sciences Center
Dawndra Meers Sechrist
Texas Tech University Health Sciences Center School of Health Professions

Authors
Abstract Number: 443

Abstract Name: What can we do to create an excellent IPE learning environment?

Category
Interactive Workshop

Theme
Education

Presentation Description
Usually, little attention is given to the importance of the learning environment, however all students can recall examples of poor and excellent learning experiences. Physical features of the learning environment are taken into consideration but emotional tone, level of stimulus and safety to reveal ignorance is often overlooked. The same is true for clinical setting, where doctor-patient communication and healthcare providers-Other healthcare team member communication occur. Environment is an integral part of communication. We believe that not enough attention has been given to this important topic. This workshop will explore features of excellent learning environments that foster learning with life-long impact and strategies to create such experiences. This workshop has been enthusiastically received and highly evaluated by faculty at Medical University of South Carolina, Eastern Carolina University Medical School, Citadel University and at other national professional meetings.

Methods/Session Format:
1. Videotape trigger. (5 min)
2. Large group interactive session on identification of factors influencing the learning environment. (10 min)
3. Small group discussion in groups of 3 of memorable learning environments (either good or bad) (5 minutes)
4. Large group interactive session with flipcharts on features of a good or poor learning environment. (10 minutes)
5. Videotape trigger (5 minutes)
6. Large group interactive session on strategies to improve the learning environment. (15 minutes)
7. Literature review. Power point presentation (5 minutes)
8. Large group discussion-Reflection and feedback (3 minutes)
9. Evaluation (2 minutes)

Presenters
Shakaib Rehman
Phoenix VA Healthcare Systems/University of Arizona College of Medicine-Phoenix
Monica Broome
University of Miami
Dennis Cope
University of California @ Los Angeles
Abstract Name: Implementing a Clinical Interprofessional Fellowship in Emergency Medicine for Nurse Practitioners and Physician Assistants

Category
Interactive Poster

Theme
Practice

Presentation Description
Carilion Clinic is an Academic Health Center in southwest Virginia with six emergency departments (EDs), five of which are in rural, community hospitals. Our main ED is located at Carilion Roanoke Memorial Hospital, a 760-bed Level I Trauma Center with approximately 85,000 patient visits per year. In February of 2013, the ED leadership decided to address an educational need for advanced, intensive training for Nurse Practitioners (NPs) and Physician Assistants (PAs). The resulting Fellowship is 12 months long and encompasses the clinical, didactic, interprofessional and academic components critical to the practice of Emergency Medicine. This program duration is consistent with most post graduate PA/NP Fellowships in the U.S.(1) Assistants (PAs) and Nurse Practitioners (NPs) are licensed medical providers that practice in nearly every field of medicine in collaboration with physicians to improve access to and enhance the quality of healthcare. (2) The number of clinically practicing NPs and PAs continues to grow each year as do the number of programs responsible for their education. Patient and health care system satisfaction for the care they provide remains strong and has been well documented. There is increasing interest on the part of PAs and NPs to have a more formal, intensive training opportunity to optimally prepare them for practice in a variety of specialties, including Emergency Medicine(3). The benefits of post-graduate training for PAs and NPs in Emergency Medicine are numerous: improved employment potential for the individual Fellowship-trained PA/NP, highly-trained and high-quality EM providers to staff the Emergency Department, and a higher degree of competency and comfort with higher acuity patients and advanced procedures. The curriculum for our program encompasses topics germane to the clinical practice of emergency medicine, but also incorporates core competencies of the Interprofessional Education Collaborative (IPEC). NPs are trained in the nursing model and PAs are trained in the medical model. Combined clinical training and practice creates a dynamic that allows the Fellows to learn more about these respective professions in the clinical setting, treating patients side, by side, PA/NP Fellows train and work together, using the same curriculum, goals and clinical experiences. Because of the pedagogical differences in NP and PA training, the Fellows are able to teach and share with each other the aspects of their respective professions, with the end goal of delivering high quality collaborative patient centered care. The unique training differences, and widely varying clinical backgrounds among the EM PA/NP Fellows affords an opportunity to explore roles and scopes of practice unique to their respective professions, developing enhanced appreciation and understanding.

Effective communication styles based on the DiSC profile is part of the orientation process. IPEC core concepts related to trust, teamwork, ethics, shared values and collaborative communication are woven throughout the curriculum which starts out with a DiSC based assessment during orientation. This
poster will highlight the approaches to enhancing clinical interprofessionalism and the challenges and successes in different areas.

Presenters
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Randy Howell
Carilion Clinic, Jefferson College of Health Sciences

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Joel Bashore
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Justin Rogers
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Mike Donato
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Kim Roe
Carilion Clinic
Judy Cusumano
Jefferson College of Health Sciences
Abstract Number: 445

Abstract Name: *Seeing beyond the walls of institutions, disciplines, and traditional pedagogy: Nursing and respiratory therapy students catching a glimpse of professional identity in the context of peer learning.*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background/rationale:
Interprofessional education (IPE) is increasingly acknowledged as an essential element for patient safety in healthcare and as a standard for healthcare education by accrediting bodies and professional organizations. Research regarding IPE has significantly evolved over the past decade; however there remains a lack of clarity as to when and how IPE should occur within an education program, and whether IPE ultimately impacts professionals’ practice.

The Mount Royal University School of Nursing and Midwifery collaborated with the Southern Alberta Institute of Technology (SAIT) Respiratory Therapy (RT) program to develop an oxygen delivery lab for first year nursing students to improve their confidence in managing oxygen, and to give both groups of students an opportunity for interprofessional learning. Informal surveys were administered before and after these initial labs, and the results indicated that both groups of students had a very positive perception of the interprofessional collaboration and learning offered through this lab.

This research project was developed to gather evidence to support or oppose future offerings of collaborative labs such as this in our nursing and respiratory therapy curricula. More specifically, we sought to discover if this lab supported the development of interprofessional competencies as set out in the Canadian Interprofessional Health Collaborative (2010) framework.

The purpose of this study was to examine the readiness of nursing and respiratory therapy students for IPE, and to examine the construction of identity for both groups of students within this collaborative lab using a mixed methods approach.

**Method:**

Research questions:
- What is the influence of the collaborative lab on the RT and BN students’ knowledge, attitude and beliefs about interprofessional learning?
- How does a collaborative lab serve to construct (professional) identity for RT and BN students?

The Readiness for Interprofessional Learning Scale survey (Parsell & Bligh, 1999) was completed by 12 respiratory therapy students and 121 nursing students pre and post lab.

We conducted 6 individual nursing student interviews, 6 individual RT student interviews, and 4 focus groups in total. Holstein and Gubrium’s (2005) analytic interpretive approach to discourse analysis was used to analyze the qualitative data.

**Conclusions:**
RIPLS subscale scores for teamwork and collaboration, and positive professional identity increased significantly for nursing students post lab. Scores that measured the perception of the impact of shared
learning on team skills, increased significantly for all students after participating in the lab. Students’ narratives within individual interviews and focus groups revealed that interprofessional learning, building of relationships, and construction of their professional identity was supported in this non-hierarchical simulated clinical encounter. The non-evaluative student-to-student learning that occurred in this lab contributed to an atmosphere less constrained by mechanisms of power inherent in instructor led labs or clinical experiences. Learning that occurred within this lab supported the clarification of roles related to oxygen delivery and significantly influenced students’ attitudes toward interprofessional learning. Understandings generated from this study could support the thoughtful integration of IPE into health professionals’ curricula and support the development of their practice.

Presenters
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Abstract Number: 446

Abstract Name: *Exploring Clinical Decision Making in a Simulated Active Shooter Drill*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background/rationale: Out of 275 reported evacuations from 1971-1999, more than 50% were related to human intruders. In a more recent study, from 2000-2010 there have been 84 active shooter events reported, most of which have been targeted towards business such as schools, banks and healthcare settings. While educators are often offered ALICE training, a program developed to authorize and empower teachers to make life-saving decisions, few healthcare professionals have been exposed to this type of training. In addition, most health science curricula do not include discussions regarding the difficult clinical decisions healthcare professionals may have to make if faced with an active shooter event.

Method/methodology: This study aims to explore clinical decision-making among a group of first year healthcare students participating in an evacuation/active shooter simulated drill. Specifically, the study will explore what factors impact a healthcare professional’s decision making during an active shooter event. Over 500 first year University of Toledo students in the following healthcare programs: nursing, medicine, physician assistant, respiratory therapy, pharmacy, psychology, occupational therapy, physical therapy, speech language pathology, clinical psychology, social work, and public health will be asked to participate in the study. This research study is one of several options for these students to complete their professional program’s required interprofessional education activities. Students will be given a presentation on the following topics: emergent evacuation and active shooter awareness. Following the presentation, students will participate in an evacuation/active shooter simulated drill. The drill will consist of student groups participating in scenarios that require interprofessional teams of 4-5 students to diagnose and treat a simulated patient. After students have treated the simulated patient for 10 minutes an announcement will be made that a simulated active shooter is in an adjacent building. Students will then need to make a clinical decision as to what action to take (i.e., continue to treat or evacuate the patient). After another 5 minutes, a second announcement will be made stating that the active shooter has been neutralized but there is now a code red (fire) in the building. Students will need to emergently evacuate their simulated patients using the technique taught. Following the drill, participants will have an opportunity to debrief with experts in the field. Lastly, students will be asked to complete a questionnaire related to their team’s clinical decision making processes during the drill.

Results: The results of this simulation will reveal if the decision-making process in an emergent situation like an active-shooter is influenced by ethics, knowledge, leadership, and/or team relationships. This study is guided by the ethically driven environmental model of clinical decision-making (IEDEM-CD).

Conclusions: Results from this active-shooter simulation are expected to inform what factors influence a healthcare professional’s decision making in the event of an active shooter/emergent evacuation event.

**Presenters**
Abstract Number: 447

Abstract Name: *Transforming an Interprofessional Practice Portfolio: One Experience*

**Category**
Oral Presentation

**Theme**
Leadership

**Presentation Description**

**Background:**
In 1998 the IWK Health Centre went from a centralized department based model to a decentralized Program based model. With that change the role of Professional Practice Chiefs (PPCs) was developed and the journey with the Professional Practice Council began. Since its inception the Professional Practice Council has undergone substantial changes to its membership and mandate.

In 2015, the convergence of change readiness of the individual Professional Practice Chiefs and the levels of organizational leadership, as well as institutional enabling environment made it an opportune time to begin the process of establishing role clarity, establishing role relationships, and aligning professional and interprofessional practice with organizational strategic priorities.

**Method:**
In the fall of 2015 Interprofessional Practice underwent an external review which charted a clear strategic direction for the portfolio. Executive Leadership priorities for the portfolio were established and utilized in a facilitated process involving the Professional Practice Chiefs, Clinical Managers, Interprofessional Practice leaderships, to influence a Position Description. To reflect the changes in the role, and to establish role clarity and foster partnership in a changing organization, the title of Professional Practice Chief was changed to Professional Practice Leader (PPL). In conjunction with work on the Position Description, a Practice Leadership Engagement Team (PLET) consisting of Professional Practice Chiefs, Clinical Managers, and Interprofessional Practice leadership was established. The PLET with the support of a Professional Development Consultant worked to develop a Practice Partnership Agreement to strengthen professional relationships between the PPLs and Clinical Managers. An organizational communication plan was developed and implemented to inform and support these change processes. Recognizing that PPLs would require professional development to support the expectations of the Executive Leadership priorities and a new way of working in partnership across the organization, a Learning Needs Assessment was completed and a Learning Plan developed to meet the identified learning needs. Strategic positioning of the portfolio to ensure alignment with the organizational strategic plan was achieved through a process to establish one, three, and five year Interprofessional strategic objectives. Ongoing evaluation of the change in practices, processes, and relationships continues.

**Outcomes:**
Over the past 18 months the following outcomes were achieved:
• Executive Leadership priorities for the Interprofessional Practice Portfolio identified.
• Position Description for Professional Practice Leaders completed, communicated and being implemented.
• Practice Partnership Agreement developed and being utilized in practice by PPLs and Clinical Managers.
• Interprofessional Practice learning needs assessment completed and learning plan put in place to meet needs.
• Short and long term Interprofessional Strategic objectives identified and action plans developed.

Conclusions:
Front-line Allied Health members, Professional Practice Leaders, Managers, Directors, and Executive Leadership are developing a clearer understanding of the Professional Practice Leader role and how it aligns with other roles and organization strategic priorities. Thus, there will be an increased level of consistency, effectiveness and growth of professional practice and interprofessional practice.

Presenters
Heather Simmons
IWK Health Centre

Authors
Stacy Burgess
IWK Health Centre
Annette Fraser
IWK Health Centre
Timothy Sanford
IWK Health Centre
Abstract Name: Validating the Patient Jefferson Teamwork Observation Guide (JTOG) to Improve Patient-Centered Collaborative Practice

Presentation Description

Background
Team-based collaborative practice (CP) is largely recognized as the new standard of healthcare; however, little research shows links between CP and improved patient experience and health outcomes (IOM, 2015). Care teams are often assessed by standardized quality metrics and patient satisfaction surveys that can be difficult to transfer to immediate quality improvement (QI) measures. New assessment strategies must incorporate the patient’s voice and support practice-based QI initiatives and team-based educational training. Derived from the validated Jefferson Teamwork Observation Guide (JTOG) (Lyons, et al., 2016), the Patient JTOG was created in response to these challenges and measures patient perceptions of team behavior in a real-time, accessible mobile format. This presentation will describe its validation study, as well as highlight a few examples of how patient JTOG data can be used for educational interventions and practice improvements.

Methodology
Sixty-one patients were recruited for the study from a large, urban outpatient Family Medicine practice. Participants watched four team-based CP videos, two demonstrating good and two poor teamwork in both inpatient and outpatient settings. After each video, they filled out the Patient JTOG as if they were the patients depicted. Eleven “expert” faculty and staff members, volunteers knowledgeable about CP competencies (IPEC, 2016), scored the same four videos. The patient-rated JTOG “Global” (mean) scores were compared within-group to assess the ability of the JTOG to differentiate good from poor team functioning, and between groups to assess the ability of patients to differentiate team functioning, using the expert ratings as a benchmark. Cohen’s kappa was used to determine expert and patient interrater reliability separately.

Results
The patient-rated JTOG “Global” scores by setting (good vs bad inpatient and outpatient) were significantly different from one another, indicating that patients were able to use the JTOG to discriminate team functioning. Additionally, the patients and providers had statistically similar scores within settings, demonstrating that the patients were not only able to differentiate team functioning, but were also sensitive to the magnitude of differences, with the exception of one setting (‘bad inpatient’ patient mean = 8.76 vs. expert mean = 5.47, p < .05), where the experts rated the team more negatively. This exception may be the result of the patient being unconscious and the more detailed medical language used by team members in the video, but requires further exploration. Qualitative data showed similar observations by both patient and expert groups.
Conclusions
Validation study data indicate that the Patient JTOG can be used by patients to differentiate good from bad teamwork in both inpatient and outpatient settings. Patients are accurate and reliable raters of team functioning and ratings were highly consistent with expert opinions of teamwork. Eliciting patient perceptions of teamwork in real time can enable rapid cycle quality improvement and advance team-based healthcare delivery. With the Patient JTOG validation study completed and results from ten Patient JTOG pilot studies that have led to practice changes now available, researchers intend to begin multi-institutional studies to implement the JTOG in different settings and begin generating national CP competency benchmarks.

Presenters
Shoshana Sicks
Thomas Jefferson University
Lauren Collins
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Authors
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Thomas Jefferson University
Abstract Name: Impact of an Interprofessional Team Experience on Subsequent Fieldwork, Job Search, and First Job

Category
Interactive Poster

Theme
Education

Presentation Description
This presentation will describe the survey method and results used to answer the question, “How does participating in interprofessional experiences affect student’s skills for future clinicals/fieldwork, job search, and first job experience?”

In a partnership between a private university and a senior living community, students from 10 different health professions programs engaged in an interprofessional clinical immersion experience. Students were placed into interprofessional teams of 3-5 students and paired with an elder teacher (resident of the facility) for a full semester. After this program had been going for three years, past students were surveyed to see if they felt that the experience had any impact on their subsequent clinicals or fieldwork experiences as students, their job search process, or their first job.

A mobile-friendly survey was sent to 44 students who had participated in the interprofessional education experience via text message. Two of the phone numbers were no longer in service. Of the 42 surveys that went out, 13 students responded for a 31% response rate.

The literature is very sparse on the impact of interprofessional education experiences prior to fieldwork. O’Carroll, Braid, Ker, and Jackson (2012) demonstrated the benefits of interprofessional experience during fieldwork or clinicals. Our results showed that students who had a subsequent clinical or fieldwork experience reported entering that experience with greater self-confidence. One student said “It increased my confidence in contacting other health care providers for patient care. Increased my utilization of other disciplines and finally taught me to fight for my patients and teach them to be advocates for their health care.”

Respondents said that potential employers asked them about their interprofessional experience during job interviews. All the students said their interprofessional experience influenced their job search at least a little, with 48% saying it influenced their job search a lot or great deal. Student comments indicate they looked for worksites that fostered collaboration and teamwork.

Ninety two percent of those currently working said they were working as part of an interprofessional team. Seventy five percent of respondents said the interprofessional experience made them more comfortable talking with other people from other professions. Two-thirds of respondents said the experience helped them better understand what other professions do and what they look at. More than half said it helped them make better sense of the medical record, broadened their view of the patient, and helped them better understand their role on the team. This is consistent with a study by Abromovich et al. (2011) showed that former students also felt their interprofessional experience helped them in their jobs within six months of graduation.

Respondents said that the skill they learned during their interprofessional experience which was used most in subsequent clinicals/fieldwork, job search, and first job was communication, followed by...
collaboration and teamwork. One student said "It helped change my life on a professional and personal level." This study can be a starting point for future research on the impact of interprofessional experiences on the transition to practice.

Presenters
Karen Sames
St. Catherine University

Authors
Carisa Hillman
St. Catherine University
Lunderberg Carly
St. Catherine University
Michelle Pettit
St. Catherine University
Abstract Name: **OPIOIDS: Cultivating Interprofessional Relationships Between Pharmacy and Medical Students to Solve Public Health Problems**

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**
In our current early medical school and pharmacy curricula students have limited learning activities related to social determinants of health (SDOH). When these activities do occur, they are not always case-based and are usually uniprofessional. Separately, pharmacy students and medical students at the University of Minnesota are given the opportunity to work through numerous disease-based cases to refine their clinical skills, but rarely have the opportunity to discern how the SDOH should inform their decision making and how their response includes the care of both individuals and communities (ref 1- Healthy People 2020). These students have had a few opportunities to work on co-curricular interprofessional cases, but none of these opportunities explore the social determinants of health and none address opioid abuse and misuse. Learning opportunities such as these are necessary for all professional students to address a growing public health epidemic that affects all professions and has been claiming the lives of thousands of individuals in the United States in growing numbers (ref 2-CDC). Exploring ways in which multiple professions can work together with their community to combat this critical issue is important for not only for pedagogical reasons, but for the purposes of community and public health (ref 3-CDC).

This presentation will describe the development, implementation, and evaluation of an interprofessional case-based activity at the School of Medicine on the Duluth campus that was designed to address all of the above. The activity brought together pharmacy and medical students to work on cases focused on social determinants of health in rural communities and the public health issue of opioid misuse. Presenters will share their reflections on the activity, the results of the post-activity student survey, and plans for the future. We hope to inspire and empower attendees to create or expand similar activities to cultivate relationships across professions that will improve community health.

**Presenters**
Keri Hager  
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Laura Palombi  
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Authors

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Evidence of the power and efficacy of team-based collaboration in healthcare points educators toward the reality of needing to prepare our students for work in that environment. For some, those teams will be collocated; for some, as in the case of telemedicine, they will not. Many teams will be so diverse as to include both clinicians in practice and many providers who are not clinically trained, but are essential to sustaining the patient care paradigm. Developing skills that foster team engagement in collaborative efforts has become critical to the preparation to practice in this model of health care.

Rosalind Franklin University provides students in the PhD and DSc programs in Interprofessional Healthcare Studies experiences in both learning about and being engaged in teams. The program enlists a comprehensive survey of current literature, best practices, and research related to interprofessionalism as a foundation for student engagement in original research leading to their respective dissertations. Given the distance learning format (online education), the challenges to design into courses both information about and direct experience with teams becomes most evident. How do we build team agreements and ensure effective team functioning with people who may never meet face-to-face? The difficulties that can be normally associated with the creation and execution of high-functioning teams can be amplified by the potential barriers of distance, text-heavy engagement, asynchronous schedules, and a lack of traditional conversational cues that might otherwise enhance understanding.

In this presentation, faculty from RFUMS will discuss the lessons learned in meeting these challenges by sharing information about and insights related to approaches taken in their course “Building Effective Interprofessional Teams”. The doctoral level course is designed to provide team-based tasks and experience as well as readings, videos, reflection, and literature searches that provide students a multi-tiered approach to learning that includes both experience and information acquisition. Some tasks in building a team and having it function effectively can be easily overcome in the distance learning environment. Others take more time or may require a change in strategy or focus. This presentation offers honest and authentic reflection on what has worked and what hasn’t, inviting discussion and the beginnings of collaborative conversations about the experiences and ideas of others.

Presenters
William Gordon
Rosalind Franklin University of Medicine and Scien
Authors
Catherine Gierman-Riblon
Rosalind Franklin University of Medicine and Science, North Chicago, IL
Abstract Name: Interprofessional Mini-Series: An Innovative Approach to Student and Preceptor Experiential Learning

Category
Interactive Poster

Theme
Education

Presentation Description
Background: Interprofessional practice is a cornerstone of today’s health care system. To effectively provide meaningful interprofessional and practice (IPE) learning experiences to students and residents, quality preceptor training is critical. Accreditation standards for all health care professions, vary widely in their interprofessional education and preceptor requirements. Additionally, the ideal strategy for training preceptors to deliver interprofessional education is yet to be identified, but most likely should incorporate a diversity of strategies matched appropriately with the program learning objectives and target audience. In general, preceptor training programs are offered through varied media (including LIVE workshops, peer coaching, online modules, pod/video casts, webinars, and written programming) and a diversity of modes. Programming must also consider potential generational differences and preceptor learning style tendencies to adequately reach an interprofessional audience. To address the above educational needs an Interprofessional Preceptor Mini-Series (Mini-Series) concept was developed. This unique and engaging educational Mini-Series concept is available in different formats including a full feature film, individual episodes for classroom use, and online continuing education. To date, six different preceptor mini-series have been developed, three of which are interprofessional. Two interprofessional programs target both students and preceptors in experiential settings. These will be the focus of this poster presentation.

Methods: An interprofessional team of faculty members and students, representing six health-care professions were part of the Mini-Series expert panels. Educational theory experts provided expertise on experiential teaching concepts. Assessment experts provided guidance on development of each Series objectives, reflective questions, and assessment techniques. The assessment portion of the programs is based on Kirkpatrick’s learning model. The expert panel was responsible for development of interprofessional themes, writing of scripts, and assessment tools. In addition, site locations for episodes and filming schedule were coordinated with a professional production company responsible for filming and editing the Mini-Series.

Results: Teams of 10 – 12 individuals were formed to develop each Mini-Series. The first interprofessional series, entitled, “Change of Heart” was created in 2015 and the second, “The Reason I Jump” was created in 2016. Both programs took eight months to develop and consist of twelve individual video episodes. Each professionally produced video episode is 7 to 13 minutes in length and each episode builds upon the story arc of the entire series. At moments in episodes, two preceptor and two student experts provide insight on how they would deal with the learning scenarios. At the end of each episode two student-focused and two-preceptor focused pearls are provided. Each series is
available as a full movie (all 12 episodes back to back) and as individual episodes. The full movie version has been used at local premiere events to attract interest in the learning medium, while individual episodes have been uploaded onto an online website for individual participant use.

Conclusions: The authors have proven experience developing successful and innovative interprofessional education mini-series that have resulted in immediate learning, long-term learning, participant engagement, and positive attitudes. It is expected that these two interprofessional mini-series will have similar results.

Presenters

Craig Cox
Texas Tech University Health Sciences Center School of Pharmacy
Renee Bogschutz
Texas Tech University Health Sciences Center
Dawndra Meers Sechrist
Texas Tech University Health Sciences Center School of Health Professions

Authors
Abstract Number: 462

Abstract Name: Transitions to Practice 'Bootcamp' – Strategies for relationship building for new graduates

Category
Oral Presentation

Theme
Education

Presentation Description

Background/rationale/perspective
There is growing evidence of burnout among young professionals who find their entry into practice leaves them with a gap in practice skills to deal with realities of everyday working with other health professionals. Students graduate from their health professional programs with the competence to demonstrate entry-to-practice knowledge, and skills. At the same time, limited efforts in these programs are taken to develop relationship building skills with health providers in work settings and how to deal with difficult situations encountered as new graduates attempt to 'fit' into their work group and interact with a variety of health providers.

This workshop is designed to provide an opportunity for students soon to enter into their full-time practice to experience and collaboratively develop strategies around relevant interprofessional workplace interactional challenges with other health providers in a safe environment. The material to support this learning was collected from recent graduates in any of the health professional programs who completed a scenario template about an uncomfortable situation they encountered with other health professionals in their practice setting. Submitted scenarios were reviewed, analyzed and synthesized to create a set of strategies participants can use in addressing the situation at each ‘camp site’.

The Transitions to Practice ‘Boot-Camp’ provides a half-day workshop (for up to 80 interprofessional students in the last year of the entry-to-practice program) using an eight ‘camp site’ approach in which one scenario collected is presented to each group of IP students, with IP practice facilitators helping them to explore the scenario and identify strategies they can use to address each. As an outcome participants are provided with strategies they can adopt when confronted with similar situations in actual practice settings.

Evidence/arguments
The literature addresses issues of inadequate practice readiness, burnout amongst new graduates who encounter relational issues that may lead to ‘bullying’ or other abusive situations. Most of the interventions are practice-based and focus only on workload readiness to assume full practice patient/client care. However, issues of relational skills in practice, although mentioned in the literature, are placed in the background in favour of getting their practice pace up to the setting norm. Yet, it is there relational issues that are also reported in the bullying and turnover papers reviewed. Arming students moving towards their entry into practice with exposure to realistic situations faced by new graduates around relational issues and allowing them to explore how to deal with such situations in a safe environment, has a greater likelihood of easing their transitions to practice while overcoming a gap in their current practice preparation than the workload focus alone. Furthermore, it transfers a shared responsibility for this key area of readiness to practice between education and practice.
Implications/significance
Focusing on interprofessional relationship development in practice settings and providing new graduates with strategies to address issues commonly faced by new prior to entry to practice is more likely to increase their practice confidence and a greater likelihood of reducing turnover intent and burnout across newly graduated health professionals.

Presenters
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Western University
Hossein Khalili
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Authors
Eunice Gorman
School of Social Work, King's University College, London, ON
Carrie Hand
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Abstract Number: 464

Abstract Name: **Quality Improvement for Interprofessional Simulation Using INACSL SIM-IPE Standards**

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background:** The use of simulation-enhanced interprofessional education (Sim-IPE) is being recognized as a preferred method to promote the teamwork and collaboration required for safe, quality, health care (Khan, Shahnaz & Gomathi, 2016). IPE has been incorporated into the accreditation standards of most professional groups in the US (Zorek & Raehl, 2013) and has been advocated by national and international organizations. As a guide to best practice for SIM-IPE, INACSL standards were published in 2016. The specific Sim-IPE evaluated as part of this quality improvement project involves a single mother with two young children, few supports, and behavioral concerns. She is cared for by an interprofessional team in the emergency department when she presents with symptoms of a stroke and then through acute care and discharge conference. An interprofessional faculty group enact parts of the simulation and students participate in the acute care phase. The simulation is three hours in length and uses up to 16 stations with student actors as scripted patients and at least one student team member representing each of the professional groups including social work, nursing, and occupational therapy.

**Method:** The criteria and required elements from the INACSL Standards of Best Practice: Simulation (Sim-IPE) were used to evaluate an ongoing simulation which included three professional groups as a method of continuous quality improvement. Faculty from all three professions compared the simulation to the standards to identify gaps and create an improvement plan. The four major criteria: 1. Conduct Sim-IPE based on a theoretical or a conceptual framework, 2. Utilize best practices in the design and development of Sim-IPE, 3. Recognize and address potential barriers to Sim-IPE, and 4. Devise an appropriate evaluation plan for Sim-IPE, as well as the elements associated with each criterion, were evaluated by the members of the interprofessional team. Decisions as to gaps were mutually agreed upon and plans for improvement were created.

**Results:** Most of the criteria and specific elements were met. As the simulation has a two-year history, many of the barriers as well as delivery method and specific case for the simulation have evolved. The current simulation is less complicated and involves learners at various levels of their respective curricular process. The current gaps identified were the need to: 1. Create a curricular map across all of the individual programs to see where this simulation fits into the larger picture, 2. Have a more concerted effort to script statements about student safety in the learning environment, 3. Use a more standard debriefing format, 4. Create more specific questions related to sub competencies as part of evaluation, and 5. Exploring methods to determine student progress in working as members of teams in practice.

**Conclusions:** The INACSL SIM-IPE Standard can be used as part of on-going quality improvement for SIM-IPE experiences. The gap analysis provided us with a plan for the improvement of the simulation with identified timelines.

**Presenters**
Authors

Matthew Mitchell
Saginaw Valley State University
Lisa Brewer
Saginaw Valley State University
Jill Innes
Saginaw Valley State University
Cynthia Hupert
Saginaw Valley State University
Abstract Name: Improving the Evaluation of Interprofessional Education: Moving beyond Attitudinal Measures

Category
Symposia / Panel

Theme
Education

Presentation Description

BACKGROUND AND RATIONALE: Evaluating interprofessional education (IPE) is challenging but essential for identifying and disseminating best practices (Blue et al., 2015). However, evaluating IPE is often limited to learner satisfaction, self-assessed knowledge, and attitudinal changes rather impact on behaviors, practice, or patients (Reeves et al., 2016). To strengthen the approach of educators’ and researchers’ to evaluation, this panel will describe novel methods of evaluation for IPE.

EVIDENCE: Three institutions will present multi-source methods of evaluation. Institution 1 coordinates a large, national study focused on implementing IPE among many learners (medical residents and students in physician assistant, nurse practitioner, medical assistant, behavioral health and pharmacy programs). Learners engage in care in 27 primary care residency continuity clinics in 9 institutions across the U.S. and are precepted by faculty from across professions. Evaluation includes measures of continuity among learners and patients, measures of team-based care, observational field notes, and focus groups with faculty and learners. Institution 1 will also discuss the use of Q methodology, a research strategy which involves asking students to rank subjective statements, to understand how health profession students’ perspectives of what it means to be a member of a health care team are shaped by IPE. The presenters will share what their mixed methods approach adds to evaluation of integrating team-based care among multiple learners groups.

Institutions 2 and 3 will present three additional multi-source evaluation approaches. The first approach occurs in two semester-long, classroom-based courses for early learners. Each course enrolls approximately 500 students assigned to interprofessional teams of about six. Evaluation data include faculty ratings of team projects, peer evaluation data, and student attitudinal scores. The presenter will discuss the divergence among the evaluation measures and how the results challenge the reliability and validity of each measure. The second approach occurs in a longitudinal clinical skills course in the first two years of medical school, which embeds students as members of an interprofessional clinical team. The presenter will discuss lessons learned from the development and implementation of a multi-source feedback tool piloted in this setting and how this feedback has informed curricular and program evaluation efforts. The third approach occurs in a patient-centered medical home that trains more than 40 students and residents from medicine, advanced-practice nursing, pharmacy and psychology per year. Trainees spend 1-2 years working in patient-aligned care teams. The close working relationship among team members provides an excellent opportunity for multisource feedback on communication, leadership/followership, and teamwork skills. The presenter will describe the customized tool and process used to collect and report multisource feedback and discuss the relationship between individual
multisource feedback data and team-level performance data.

IMPLICATIONS: Attendees will be introduced to several novel approaches to evaluating interprofessional education. The feasibility and challenges of each approach will be discussed. Points of emphasis include: moving beyond attitudinal assessments to ensure desired impact on learning, the importance of multi-source evaluation and triangulation of results, and the necessity of investing in evaluation to ensure IPE truly has benefit.

Presenters

Alan Dow
Virginia Commonwealth University
Patty Carney
Oregon Health & Science University
Curt Stilp
Oregon Health & Science University
Kelly Lockeman
Virginia Commonwealth University
Josette Rivera
University of California, San Francisco
Bridget O'Brien
University of California, San Francisco

Authors
Can we audit the processes occurring in client-centred collaborative practice?

Category
Interactive Workshop

Theme
Practice

Presentation Description

Background/Rationale – Since the publication of the CIHC interprofessional Collaboration Competency Framework efforts to create a means to measure the processes involved in achieving the goal of IPCCP “A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decisions-making around health and social issues” (CIHC. 2010) has gone through varying approaches. In 2015 work was re-focused on development of audit tools to reflect the processes occurring across collaborative teamwork. To stimulate this work the author worked on identifying the steps required for teams to reach the competency framework goal. The processes occurring within each of the competency domains at each step was then developed. The steps were refined into the Collaborative Patient-centred Practice Framework into four sequential steps (getting ready; working together to assess, diagnose and plan care; delivering care; and reviewing care) with an overarching focus on ongoing reflection on teamworking. The outcome of this work was creation of audit tools to assess each step. Step 2 is by far the most complex and important of the steps to emulate this form of practice. It involves several actions that are not sequential but circular and repetitive. Hence, creating the items in an audit tool that is both useful and succinct in its application is needed.

Engagement methods (describe your plan for interaction)
In this workshop participants will be provided with the CIHC International IP Collaboration Working Group’s latest version of the Step 2 Audit tool. During the workshop each of the actions needed in this step will be presented through a video of a team enacting this step around a patient’s case. At key points in time the video will be stopped and participants will be asked to use the audit tool to rate the team enacting step 2. Then the video will be moved forward allowing participants to complete their audits. They will then be asked to score their assessments and share these with the overall participants. This will be followed with a general discussion on the benefits of the tool and identification of items that are overlapping or not needed to gain impressions to allow for the audit. The session will end with an overall rating of the value of the step 2 audit tool.

Session outline
TIMING ACTIVITY
5 minutes Introduction to workshop; patient-centred collaborative practice framework and step 2 audit tool
35 minutes Video clips and assessment using audit tool
10 minutes Discussion of value of audit tool and summary of workshop

Presenters
Authors

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Abstract Number: 467

Abstract Name: Interprofessional Dental Outreach and Nursing Case Management for Adults with Serious Mental Illness

Category
Oral Presentation

Theme
Practice

Presentation Description

Background: Persons with serious mental illness (SMI) experience poor oral health due to decreased salivary flow from psychotropic medications, frequent sugar intake, increased tobacco and recreational drug use, poor oral hygiene, dental fear, and minimal access to care.1 Although the need for interprofessional, coordinated oral care programs for persons with SMI has been recognized, few have been developed or evaluated.2 This pilot study evaluated the oral health, oral health-related quality of life (OHRQoL), interprofessional dental referral mechanism, and nursing case management strategies for a convenience sample of persons with SMI living in residential mental health treatment programs who participated in the Interprofessional Primary Care Outreach for Persons with Mental Illness (IPCOM) program.

Method: A World Health Organization dental clinical examination and intervention urgency classification, Decayed/Missing/Filled Teeth Index, Root Caries Index, and Simplified Oral Hygiene Index were performed by a dental faculty and student. Questionnaires included demographic/health measures, Self-Reported Periodontitis Surveillance Questionnaire, and the Oral Health Impact Profile. A referral mechanism was established between IPCOM behavioral health staff, nurse practitioners, a University dental center, and local private dentists who accepted Medicaid. A case management program was implemented by nursing faculty and students, comprised of complex chronic care management principles, shared decision-making and self-care theories, and motivational interviewing.

Results: Forty-three of the 80 IPCOM residents participated in the pilot study. The participants were primarily Caucasian (30%) and African American (28%), median 45 years old, with a high prevalence of current smokers (67%). Poor access to care and extensive oral disease were found: 35% had not received any dental care for over five years, 59% had decayed teeth, 63% were missing teeth, 33% had moderate-severe periodontal disease, 66% reported at least one OHRQoL high impact, and 19% needed immediate treatment due to pain/infection. Ten participants left IPCOM prior to being appointed for dental treatment. Of the remaining 33 participants, 88% attended at least one dental appointment, 12% failed to keep their appointment, 30% completed treatment, 12% had ongoing care, 36% had incomplete treatment primarily due to financial limitations, and 9% were lost to follow-up. A median of six case management contacts per participant were made during the 6-month pilot, which included assisting participants with making and keeping appointments, obtaining their photo identification and Medicaid cards, and any needed problem-solving or support regarding dental fear/anxiety, transportation, childcare, and out-of-pocket costs.
Conclusions: Limited access to dental care, poor oral health, urgent treatment needs, and compromised OHRQoL were prevalent in this population. The interprofessional dental referral mechanism and case management strategies improved appointment attendance and receipt of dental treatment for adults with SMI. A Dental Health Resource Manual was provided for the nurse practitioners and behavioral health staff at each IPCOM site, containing goals for ongoing dental health education and referral and case management materials developed for this pilot.

Presenters
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Abstract Number: 468

Abstract Name: Enhancing Interprofessional Education with Beginning Level Students: The Importance of Conceptualizing their Learning

Category
Oral Presentation

Theme
Education

Presentation Description

Background. Whether health professions students should be trained to work collaboratively early in their educational careers is uncertain. One argument asserts students should learn to approach care collaboratively early in their professional development by fostering their understanding of other professions’ scopes of practice and de-mystifying professional stereotypes. Other researchers have argued that interprofessional education should only begin when students have a better understanding of their own profession and the context in which their profession delivers care. To examine this debate, we evaluated outputs from interprofessional teams of students in a required course for early level health professions students.

Methods. 487 students from six professions were enrolled in a required, semester-long, classroom-based, one-credit Foundations of Interprofessional Practice course. They were grouped into 88 interprofessional teams supervised by 16 faculty facilitators and met weekly for activities and assignments focused on professional roles and responsibilities, teams and teamwork, and interprofessional collaborative care. As a capstone project, each team created a brief video describing the nature of interprofessional collaborative care from the patient perspective and its benefits within a specific context or setting of healthcare. Faculty scored the videos using a rubric containing 9 criteria with descriptions and varying points for videos that fully met, somewhat met, or did not meet each requirement. Total scores could range from 10 to 40. Students received the rubric with the assignment. To examine student learning and evaluate the course, descriptive statistics were calculated for video scores, and scores were compared by facilitator to assess grading patterns. Three faculty reviewed a broader set of videos to explore the content and identify themes.

Results. Total scores were negatively skewed, ranging from 30 to 40 with a mean of 36.5 (SD = 2.6). One-way analysis of variance found differences in total score by instructor, F(15, 72) = 5.48, p < .001. Content analysis revealed heterogeneity in the way interprofessional collaborative practice was portrayed. One common portrayal depicted interprofessional team members working in serial fashion, where one provider interacted with a patient and then passed the patient on to the next provider using a hand-off. Another common theme depicted team members working in parallel. For example, three providers might be clustered around a patient in a hospital bed, each communicating with the patient about his or her care but not interacting with each other to discuss treatment. The least common portrayal was true interprofessional collaborative practice, where team members collaborated with each other and with the patient to form or execute a plan of care.
Conclusions. Although student scores on the video were high, they often struggled to depict true collaborative care. In addition, rater bias and lack of faculty calibration may be present. Students would benefit from richer examples of interprofessional practice, perhaps through experiential learning. Overall, reviewing the scores of products from teams of students in combination with the content of actual work products added value to the overall evaluation of interprofessional education. Early learners may benefit from interprofessional education but need ongoing support from faculty to contextualize learning.

Presenters
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Sharon Lanning
Virginia Commonwealth University
Alan Dow
Virginia Commonwealth University

Authors
Abstract Name: Assessing Readiness for Collaborative Practice: The Interprofessional Competence Assessment

Background:
Governments, health service providers and professional are increasingly recognizing the benefits of collaborative practice to provide optimal patient/client care. Professional associations have responded through revisions to competency documents (e.g. CanMEDs) to reflect specific competencies related to collaboration and communication. As well, Interprofessional Education programs offered at post-secondary institutions are increasingly asked to demonstrate competency development of participating students. Where assessment of collaborative competencies is built into programs, feedback typically relates to student group/team performance. Although these assessments provide important feedback on team performance, learners do not generally receive feedback on individual competencies. To date, most individual assessment of students has addressed change in attitudes, knowledge acquisition, and behavior in simulated scenarios. Only a few assessments have been developed to target individual student performance in practice (e.g. Thistlewaite et al, 2016; Curran et al, 2011). One large university sought to implement an interprofessional competency assessment, yet an adequate tool was not found. Assessments reviewed were specific to a profession (e.g. Medicine) or did not meet requirements relevant to the local context. Consequently, they elected to develop an assessment of collaborative competency for senior students in an experiential setting.

Methods:
Interprofessional competency frameworks from Canada, the United States, Australia and the United Kingdom were reviewed by a working group representing university and clinical faculty from various professions and with assessment expertise and students to determine what international experts deemed most important for the concept of collaboration. Stakeholder input was sought at various stages of the process. The Interprofessional Competence Assessment (IPCA) was developed for senior health profession students for use in a practice setting. The assessment is designed for 360 feedback, similar to many workplace assessments, and measures the dimensions of values and ethics, communication and collaboration. Cognitive interviews with students from each of the eleven programs and clinicians with expertise in collaborative practice revealed areas requiring minor revisions. Pilot testing with senior students in practice settings followed. Feedback from clinicians and students is collected through a survey and interviews/focus groups.

Results:
Results from cognitive interviews and pilot testing will be presented. Cognitive interviews contributed to refinement of the IPCA. Data collected from senior students and clinicians using the assessment in
practice settings provide additional information regarding utility, feasibility and use of feedback provided to learners. Collectively, these results contribute to establishing the validity of the IPCA.

Conclusions:
The IPCA is a useful tool for providing formative and summative feedback to senior learners in a practice setting.

Presenters
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Background: Heart failure (HF) is the most expensive healthcare diagnosis and holds the highest rate of hospital readmission in Medicare patients. The number of HF patients continue to grow along with the aging population (Fingar & Washington, 2015). With this continued growth, primary care providers are being called upon to provide care for patients with advanced stages of HF. The Northwest Heart Failure Collaborative (NWHFC): Project ECHO (Extension of Community Health Outcomes) was launched in spring 2015 as a pilot project to increase access to interprofessional HF continuing education for primary care providers and teams throughout the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) region of the United States. The ECHO model was first developed at the University of New Mexico in 2003 as an innovative approach to increasing access to continuing education on the diagnosis and treatment of Hepatitis C for primary care providers in rural and medically underserved regions. The ECHO model has been found to be useful in improving both provider knowledge and patient outcomes for a number of health care diagnoses and symptoms including diabetes, HIV/AIDS, and pain (Zhou et al., 2016). There is a growing need for easy to access HF continuing education as the patient population continues to increase and changing patterns of health care emphasize providing care for patients with advanced disease in community settings. In this presentation we will describe the Project ECHO model and share progress to date on the NWHFC program implementation and evaluation.

Methods: The purpose of the NWHFC: Project ECHO is to develop and expand the capacity of WWAMI region primary care providers in the management of HF patients through an interactive, bimonthly webinar conference series. Each 1-hour webinar session is hosted by an interprofessional panel of HF specialists (including cardiologists, nurse practitioners, social workers, pharmacists and other professionals depending upon the community case) based at the University of Washington Medical Center (UWMC) Regional Heart Center, and utilizes an educational format comprised of 15-minute didactic lectures presented by content experts, guided application of treatment principles through participant-submitted patient case studies, and facilitated discourse among a community of learners. Mixed methods evaluation approaches, including session evaluations and periodic retention/satisfaction surveys, are being utilized to evaluate program effectiveness and outcomes.

Results/Outcomes: Over 100 participants from 5 states have registered for the NWHFC: Project ECHO since it was launched in May 2015. In November 2016, a fourteen question retention/satisfaction survey was sent to all registered participants (n=109) and garnered a response rate of 23.9%. The main reasons respondents report for being interested in the program were to: 1) improve understanding
about HF care (64%) or 2) looking for a peer community to support their practice of providing HF care (16%). Participants overwhelmingly report liking and recommending the format of the program (75%).

Conclusions: The NWHFC: Project ECHO program provides an opportunity to promote expansion of access to HF continuing education and mentorship for primary care providers throughout the WWAMI region, including those in rural and underserved areas.

Presenters
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Abstract Number: 474

Abstract Name: *Implementing a Longitudinal Interprofessional Collaborative Care Curriculum: Challenges and Opportunities*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background/Rationale: Interprofessional education is foundational to graduating health care practitioners in preparation for collaborative practice. According to the Canadian Interprofessional Health Collaborative (2010), true collaboration requires seven competencies: team functioning, role clarification, interprofessional communication, patient/client/family/community-centred care, interprofessional conflict resolution and collaborative leadership. Implementing a longitudinal curriculum to ensure that health care professional learners are collaborative practice-ready presents both unique challenges and undeniable opportunities. To meet these demands the five Deans of the Rady Faculty of Health Sciences (RFHS) at the University of Manitoba supported the establishment of the Office of Interprofessional Collaboration to develop a two year longitudinal curriculum.

Methodology: Five faculty members representing the participating Colleges of Dentistry/School of Dental Hygiene, Rehabilitation Sciences, Medicine, Pharmacy and Nursing, a Vice Dean along with an office assistant collectively and iteratively developed a faculty-wide two-year interprofessional education longitudinal curriculum. An initial review of the learning commons across the programs resulted in curriculum content focused on two main themes: population health (Public Health Agency of Canada, 2001) in first year and patient safety in second year.

Students (N=385) from the five Colleges were placed into 52 interprofessional learning cohorts for one face-to-face facilitated event occurring each fall and winter term over a two-year period beginning in the first year of their respective programs. These sessions were followed by two on-line discussions, a reflection activity on interprofessional team collaboration (Moon, 2013) and a group assignment for each term. A showcase of student activity was planned for the end of each academic year.

Results/Outcomes: Multiple methods were used to evaluate the program from both the students’ and the faculty facilitators’ perspectives. Initial on-line student survey results based on the first term face-to-face activity in the fall of 2016 (N=114, 30% response rate) indicated that the session stimulated interprofessional discussion (79% agreement) and enforced the value of interprofessional education to their future professional roles (90% agreement). Faculty facilitator survey results (N=31, 63% response rate) revealed preparedness for the session (94% agreement), active engagement of learners (88% agreement), a valuable learning experience (90% agreement), and their willingness to return (97% agreement). Subsequent focus groups informed by the survey results explored processes and outcomes in greater depth. Issues around the need for early and on-going communication around the overall curriculum map; the desire for more face-to-face time; and the challenges of blended learning...
were overarching themes.

Conclusions: The findings of this longitudinal curriculum to-date are consistent with existing evidence that regular communication with learners and facilitators is paramount to success in interprofessional education strategies. While our experience suggests face-to-face opportunities are preferred over blended learning, the reality of limited time across various health care professional curricula must be honored. By establishing consistent interprofessional cohorts over a two-year time frame, the challenges of interprofessional team formation and development can be overcome.

Presenters
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Abstract Number: 475

Abstract Name: *Clinical Immersions: An Innovative Education Model in Partnership with Project ECHO to Promote Interprofessional Collaboration and Advance Care in Rural Communities*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

During the last decade, the Institute of Medicine has recommended the integration of interprofessional education (IPE) in an effort to increase the quality of patient care. Since then, health science centers across the nation have implemented IPE activities to meet the recommendations and accreditation standards. The release of the Core Competencies for Interprofessional Collaborative Expert Panel in 2011 provided a guide for professional and institutional curricular development across health professions, furthering innovations in IPE integration. Concurrently there have been advancements in information technology utilization to improve the quality, delivery and access to health care including telemedicine and tele-video conferencing (TVC).

The University of Utah Project ECHO (Extension of Community Healthcare Outcomes) utilizes TVC, providing educational and mentoring outreach to rural providers in Utah and the Intermountain area. The primary goal of the Project ECHO program is to engage rural providers to assist them in providing consultation for patients with multiple complex conditions. In 2015, the University of Utah, College of Nursing partnered with Project ECHO to provide clinical immersion (CI) sessions, an innovative model to facilitate Doctor of Nurse Practice (DNP) students’ application of the Interprofessional Practice competencies in collaboration with other health science students. De-identified, interprofessional care management cases were presented by DNP students (and their preceptor) to teams of multidisciplinary colleagues including medicine, nutrition, pharmacy, social work and wellness coaching. Depending on the case, students from various professions attended with faculty preceptors providing mentorship in professional consultations.

All individuals participating in the CIs engaged in a debriefing after the session, in addition to completing evaluation tools (e.g. self-evaluations, preceptor/student performance feedback, and reflection assignment). The data has indicated important student outcomes: 1) it was a positive experience and exceeded their expectations, 2) improved knowledge of resources available through TVC, and 3) desire to use telemedicine technology in the future. Many see themselves as future leaders of this technology in their clinical practice, and are encouraged to pursue practices in rural settings, as they won’t feel so alone.

By increasing exposure of TVC, Project ECHO platform, telepresenting competencies helped bridge practice concepts into experiential leaning to advance and adopt care delivery models of the future. At the same time, preceptors were fully engaged in this new model and indicated they were more confident
with the technology and excited about future prospects in clinical care. Overall, the CI model and experience aligns well with the Triple Aim initiative by 1) improving the patient experience and access of care, 2) improving the health of populations, and 3) reducing the per capita cost of health care.

Presenters

Sue Chase-Cantarini
University of Utah College of Nursing
Susan Hall
University of Utah College of Nursing

Authors
Abstract Name: Interprofessional education and team-based care: How a community experience course is bringing together medical and pharmacy students to care for underserved populations

Category
Oral Presentation

Theme
Education

Presentation Description
The Community Experience course at Northeast Ohio Medical University (NEOMED) brings together medical and pharmacy students to learn how to address community health needs through service. One opportunity for students is The Alliance Community Care Network’s (ACCN) Health Coach Program, which is led by an interdisciplinary team of health professionals and community leaders. The mission of ACCN’s Health Coach Program is to provide a collaborative, interdisciplinary approach to health care for the benefit of underserved and high-utilizer patient populations.

This presentation will outline how we engage medical and pharmacy students in the ACCN Health Coach Program offered through a community hospital. During the first two years of medical and pharmacy school, students often report a lack of direct interaction with patients, and if they do, it is even rarer to achieve continuity with patients. The Health Coach Program addresses this training gap by preparing students to provide in-home “house call” visits with at least one patient over an entire year. Through their visits and interaction with program faculty, Health Coaches become engaged in the process of educating and motivating identified at-risk patients to take an active and meaningful role in their health. Interdisciplinary weekly team rounds are facilitated to assist in the coordination of health coach patients’ health and well-being. This experience provides students the opportunity to develop skills in motivational interviewing, case presentation, and team-based care. Students also develop a comprehensive series of bio-psycho-social insights for promoting positive health behaviors, enabling patients to move past their perceived obstacles and boosting overall adherence. Students acquire these skills through an interprofessional partnership, while serving a specific and important role on an interdisciplinary health care team. This intensive early experience with patients from rural and underserved communities is a new and fruitful opportunity for medical and pharmacy students to engage with patients, their health care teams, and their communities.

Presenters
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Northeast Ohio Medical University
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Michael Appleman
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Abstract Number: 482

Abstract Name: Betwixt and between: The best laid plans for IPE

Category
Discussion Group

Theme
Education

Presentation Description

Background/rationale: A recent consensus statement helps inform the ongoing pursuit to understand what and how to create curricula so students learn about, with, and from each other and for person-centered interprofessional collaborative (IPC) practice.1 The experience, the effort, and the effect of interprofessional education (IPE) are part of the value outcome of embarking on such curriculum development.2 Thus, there is great emphasis on ensuring theory-to-practice IPE approaches inform IPC curriculum creation and evolution.3 Still, the phrase “best laid schemes o’ mice an’ men / Gang aft a-gley [can often go astray]” by Robert Burns (1786) rings of reality for many programs implementing new curricular content. However well-designed and judiciously planned the content may be, implementation of new curricula can – and so often does – go astray. Though the evidence-base in IPE efficaciously helps build ‘best laid plans’, it would seem there are plenty more lessons to be learned from the actual implementation of those plans which can and do ‘go astray’. It would seem IPE is “betwixt and between” both theory and practice. Stories abound of the challenges and obstacles that often burden the planning, implementation, and evaluation of IPE; for example, the quandary between valuing face-to-face contact between students without having adequate curricular time built into the curriculum to facilitate this. The result is the predicament betwixt helping students develop the competency of IPC functioning teams and the absence of contact time to form and function. The purpose of this discussion group is to share program stories of curriculum development processes; specifically, highlighting the betwixt and between pragmatic experiences with the theoretical design informing curriculum development. That programs have persevered and evolved despite these impediments is testament to the commitment of ensuring that students are entry-to-practice ready IPC practitioners. This phenomenon is of great interest. The telling and comparing of these stories will allow us to learn from these experiences - which would normally be embattled in isolation – empowering us to stay the course in merging theory with practice.

Facilitation methods: The session begins with the telling of the iterative and theoretical development of a longitudinal interprofessional collaborative curriculum for 385 early learners from nine health professions within a health science faculty (five Colleges). Actual experience with implementation follows exposing the ‘parts that went awry’ despite the theoretical grounding during the planning phase. This synopsis of one program’s experiences serves as an exemplar for participants. The exemplar aims to prompt participants to engage in a ‘collaboration carousel’ activity to relate, share, and confront experiences encountered betwixt and between the theory and the practice of developing and implementing interprofessional collaborative curriculum for students.

Relevant Materials: Data projector, microphone (if needed), flip chart paper, markers (colors preferred), internet access, round tables with chairs (if possible)
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Authors
Abstract Number: 483

Abstract Name: Developing a community-based interprofessional practice and education collaborative with multiple institutional partners

Category
Discussion Group

Theme
Practice

Presentation Description

Background/Rationale: Interprofessional teamwork, while not new, has resurfaced as a strategic element in improving healthcare safety and quality. High-functioning interprofessional teams have demonstrated positive impact on health outcomes and cost of care, confirming the value of preparing health professions students to practice collaboratively. Many interprofessional curricula implemented to date have focused on building collaborative teams within a single healthcare institution or university/college. We believe that our model of inclusive, multi-organizational collaboration has the potential to reach a broader audience to achieve a greater social impact within a community. Our goal in this discussion group is to shift thinking to a level that supports establishment of synergy across multiple healthcare delivery systems and institutions of higher learning. Participants will engage in a thought-provoking and idea-generating session on developing a community-based, multi-institutional, interprofessional practice and education collaborative. Although the discussion will focus on the rewards and challenges of working with multiple institutional partners, we will facilitate a discussion of how the lessons learned could be applied to other collaborative teams across clinical care and/or academic units.

Session Outline and Engagement Methods: The session will begin with a 10-minute overview of the development of the Yakima Valley Interprofessional Practice & Education Collaborative (YVIPEC), a multi-institutional collaborative based in Yakima, Washington, which serves the Yakima and Kittitas Counties in the predominantly rural mid-section of the state. Following the introduction, participants will work in breakout groups for 15 minutes for a lively discussion on their experiences with realized or anticipated successes and pitfalls in establishing interprofessional practice and education collaborative groups, especially with regard to breaking down institutional silos. Each group participant will then write on an index card his/her ‘burning question’ about developing or working with multi-unit, interprofessional collaborative groups. The breakout groups will then re-assemble for a 15-minute report to the whole group utilizing a combination self-reflective/sharing technique. The index cards with the ‘burning questions’ will then be passed among the participants in a 5-minute ranking exercise to identify the top three questions that will be used for the final 10-minute wrap-up discussion. Each participant will leave the session with a list of resources for developing a multi-institutional, interprofessional collaborative group. Following the conference, the participants’ key questions will be posted to the YVIPEC’s website to help stimulate ongoing discussion and networking to facilitate efforts to build interprofessional collaboration.

Presenters

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Washington State University
Abstract Number: 489

Abstract Name: *Interprofessional Clinical Experiences In Primary Care*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/Rationale**
In the United States, the Center for Health Workforce Analysis projects by 2020, the demand for physicians to provide primary care services will result in a shortage of 20,400 physicians (US Department of HHS, 2013). It is anticipated that Advanced Practice Nurses will be able to meet some of the need for primary care providers. A challenge in meeting the demand and educating more primary care physicians, nurse practitioners and midwives is the lack of primary care clinical placements for these health care professionals. There are several reasons for the clinical placement shortages. Teaching students in primary care can decrease the overall volume of patients a provider can see, thus decreasing revenue. Allowing a student sufficient time to see a patient in a primary care practice may require additional exam rooms. The added challenge of incorporating interprofessional clinical experiences is a further potential obstacle to clinical placement. Yet, the importance of interprofessional primary care experiences is necessary as evidence indicates that team training positively impacts healthcare team processes and patient outcomes (Weiss, Tilin and Morgan, 2014).

**Methodology**
To provide interprofessional clinical training experiences in primary care, The Ohio State University Medical and Nursing faculty developed clinical experiences pairing fourth year medical students with third year nurse practitioner students, both in the final year of their graduate educational experiences. The student dyads were placed in primary care clinical placements where they were precepted by either a nurse practitioner or physician. Student dyads saw the patient together, performed the assessment, formed the management plan, and provided patient education alternating in the lead role. At the conclusion of the exam, the student dyad would leave the exam room, discuss their findings with each other and then present the patient to the preceptor.

**Results/Outcomes**
At the completion of the semester experience, the students and the preceptors participated in focus groups conducted by an external evaluator to assess their perception of the dyad experiences. Overall, the experience was deemed positive by preceptors and students. Students learned more about the thought process and educational process of their dyad partner. They were able to discuss differences in management styles between the two professions and learned about laws governing practice for each. The preceptors stated that they did not require more time or room to precept the dyad compared to precepting an individual student and they saw great benefit in the discussions of the assessment, management and plan for the patients. The preceptors agreed that a great amount of learning about the disciplines and team management was achieved. The feedback also highlighted challenges which included the lack of direction given to both the students and the preceptors regarding the expectations...
and process issues for implementation of the dyad clinical experiences.

Conclusion
An interprofessional dyad clinical experience may provide opportunities for educating a larger number of primary care providers, provide opportunities for interprofessional teaming experiences and deeper appreciation of mutual professional roles which can positively impact healthcare team processes and patient outcomes.

Presenters
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The Ohio State University College of Nursing
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The Ohio State University College of Nursing
Pat Ecklar
The Ohio State University College of Medicine

Authors
Abstract Name: *Advocating for Meaningful Interprofessional Education for Future Researchers*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

The UAMS faculty is charged with developing Interprofessional Education (IPE) activities which involve our future healthcare professionals and researchers from all five colleges (medicine, pharmacy, nursing, health professions, public health) and our graduate school. The goal is for these activities to promote respect and trust amongst one another to enable more effective collaboration and team science. UAMS’ IPE focus is unique in that it includes basic research students. For IPE to be successful, activities must be designed to incorporate the strengths and to be of benefit to all student groups. To this end, we designed and piloted a novel Immunization Advocacy Simulation that targeted students in the Colleges of Nursing, Pharmacy, Medicine, Public Health, Health Professions and the Graduate School. The goal of this simulation was for interdisciplinary teams of students to practice advocating, either to a patient or a public policy maker, for the use of childhood vaccines.

Prior to the actual simulation experience, students were given appropriate reading materials to prepare them for the experience. However, they were not told the exact nature of the scenario. On the day of the Immunization Advocacy simulation, learners were divided into interprofessional teams of 4-5 students. Teams were given a description of the scenario, which included information such as the setting of the encounter, basic background information and instructions for the encounter. One team was charged with briefing the senator and his staff on the benefits and risks related to childhood vaccine mandates from both an individual and population perspective. The second team was charged with establishing a working team approach to consult a patient’s mother on the benefits and risks of immunization in a pediatric clinic. The teams had ten minutes to work together to determine each student’s role in the upcoming encounter. Following the encounter, the teams regrouped to complete a debriefing process. During the debriefing, students shared their experience of advocating for the use of immunizations in the two different settings. They also had the opportunity to evaluate their performance as team, to discuss their strengths and to identify areas that they would change if they had the encounter again. Evaluation of the learners’ knowledge of science advocacy and the role of basic science research in UAMS’ mission of advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements was determined by use of pre- and post-assessment quizzes.

From the participant evaluations of the pilot, we learned that clinical students felt the Immunization Advocacy simulation was a valuable educational tool in their development as a professional. The clinical students particularly appreciated the participation of the basic science students in both simulation settings as they felt the basic science students’ scientific knowledge enhanced the advocacy
conversation. Conversely, while the basic science students enjoyed the activity, they did not find the clinical simulation setting to be of value in their professional education. However, the simulation setting involving advocating to the senator was felt to be a more realistic one for basic scientists.

Presenters
Mari Davidson
University of Arkansas for Medical Sciences

Authors
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UAMS
Kevin Ryan
UAMS
Kathryn Neill
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Abstract Number: 492

Abstract Name: *Student Reflective Writings within Assessment for IPE: mixed-methods and quasi-experimental analyses*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/rationale:**
Interprofessional education (IPE) introduces the competency of interprofessional collaboration. A foundation of competency-based education is that students will develop into each competency. However, development can be challenging to assess. Quantitatively, we can seek numeric growth by assessing before and after IPE. Alternatively, qualitative assessment (most often formative assessment) can be done. Prior literature suggests this formative assessment of students’ learning may facilitate students development in a competency (Konopasek, 2016); namely, interprofessional collaboration herein.

**Methods:**
During their first/introductory semester at the University of Toledo in 2016, first-year health-professions students participated in a required introductory IPE course for 11 health professions. This investigation used a mixed-methods design (Part1), and quasi-experimental comparison to 2015 (Part2).

**Part1:** Qualitatively, in 2016 nursing and pharmacy students wrote reflectively near the beginning and end of this course. Using thematic analysis within a phenomenological methodology, reflections before the course were compared to afterwards, with each matched pair of reflective writings assessed for evidence of development, while themes were also identified. Quantitatively, evidence for development used pharmacy and nursing student-reported self-assessments. Students completed the same 16-item questionnaire pre-/post-course. Items were based on course’s student learning objectives, which were aligned with the United States Interprofessional Education Collaborative Core Competency framework. Students’ pre/post self-assessments were compared for statistical significance with a t-test. Practical significance was from Cohen’s d effect-sizes (Peeters, 2016a).

**Part2:** Comparison came from 2015 nursing and pharmacy student self-assessments (with no reflective-writing). As well, medical students acted as a further control (no reflective-writing in either 2015 or 2016). Analysis was similar for this data, with statistical significance from t-tests and practical significance from Cohen’s d effect-size. Comparisons from 2015 to 2016 used Cohen’s d interpretations (Peeters, 2016b).

**Results:**
Part 1: Qualitatively, reflections discussed student-perceived growth with this introductory IPE course. In pre-course reflective-writings, three themes emerged—unsystematic/disjointed thoughts about interprofessional collaboration, narrow teamwork/communication focus, and misconceptions about other professions’ roles/responsibilities. Post reflective-writing themes were: logical/structured thoughts and ideas about interprofessional collaboration, expanded teamwork/communication knowledge, and deeper understanding/respect for other professions’ roles/responsibilities. Quantitatively, 211 pharmacy and nursing students were internally-consistent (pre=0.95, post=0.98) and improved [pre=2.7(0.9), post=3.5(1.0); p<0.001, Cohen’s d=1.0=LARGE].

Part 2, comparison: In 2015, 387 medicine, nursing and pharmacy students were also internally-consistent (pre=0.96, post=0.93) and improved [pre=3.0(0.8), post=3.5(0.7); p<0.001, Cohen’s d=0.6=MEDIUM]. While medical students remained with large effect-sizes for both 2015 and 2016, nursing students grew from medium to large, and pharmacy students grew from large to very large.

Conclusions: Students grew at interprofessional collaboration within this first-year IPE course. However, students who wrote qualitative/formative reflective writings appeared to grow further. As well and with triangulation, quantitative Improvement agreed with students’ qualitative writings. Formative assessment appears to enhance development of IPE.

Presenters
Michael Peeters
University of Toledo
Martha Sexton
University of Toledo

Authors
Abstract Name: Enhancing Clinical and Student Outcomes: Using Trained, Reliable Student Observers in Quality Improvement Programs

Presentation Description

This presentation describes the integration of interprofessional (IP) education and collaborative practice utilizing TeamSTEPPS® to implement and evaluate IP team training for students, faculty, as well as clinicians/staff with procedural units at the Medical University of South Carolina (MUSC). The use of trained, reliable student raters of clinical team behaviors is integral to this model. The impact on both student and clinical outcomes will be presented.

MUSC is an academic medical center with a diverse student population of 2,750 students in six colleges: Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing and Pharmacy. It has an established Office of Interprofessional Initiatives (OII) that oversees a required IP course for all first-year health professions students as well as numerous elective IP courses. The initial conceptualization of this model began in 2013 when the OII was asked to participate as one of 8 “incubator sites” for the National Center for Interprofessional Practice and Education. The OII enlisted support from administration, practitioners, teaching faculty, researcher/health economists, students, and staff from both the academic and practice settings to design a rigorous model using TeamSTEPPS® concepts to implement and evaluate team training for clinical units with opportunities for improvement in metrics related to quality care, patient satisfaction and employee engagement.

From 2014-2016, elective courses were offered to train students using the Fundamentals of TeamSTEPPS® curriculum and in the reliable use of the Team Performance Observation Tool (TPOT). In 2016, an introduction module about TeamSTEPPS® was added to the required IP course and enhanced sections of this course now offer interested students the opportunity for additional training to attain reliability as a TPOT rater of team behaviors. Over 350 students have attained reliability to observe team behaviors and have participated in hospital observations. Course evaluations scores pertaining to use of team skills, knowledge about the roles and responsibilities of other health professions, appreciation of IP collaboration, and awareness about patient safety and error reduction initiatives are significantly higher in the enhanced sections.

Each semester, OII partners with a hospital procedural unit that has opportunities for improvement in clinical outcomes. Course faculty, students, and clinical staff in this model program are trained in curriculum designed to enhance knowledge and use of skills and coordinating mechanisms required for effective team work. A repeated measures design is used to measure the impact of the TeamSTEPPS® intervention on clinical care quality, safety, patient satisfaction, health–economics indices and team behaviors. In addition, student debriefing sessions following the hospital observations provide
quantitative and qualitative evaluations of the experience and results are shared with hospital leadership. Quantitative and qualitative data obtained from course evaluations and reflection papers help measure the educational impact of the TeamSTEPPS® training coupled with the experiential learning on health professions students.

The MUSC model is feasible to implement and enhances hospital quality improvement programs. It provides students with a strong foundation in teamwork skills necessary for collaborative practice and the opportunity to observe teams in practice settings.

Presenters

Holly Wise, PT, PhD
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Mary Mauldin, EdD
Medical University of South Carolina
Jennifer Bailey, MEd
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Authors

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Abstract Number: 494

Abstract Name: *Results from an Ongoing Early Interprofessional Education Course for Health Professions Students*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background/Rationale**
The Core Competencies for Interprofessional Collaborative Practice address interprofessional competencies that are critical for safe, high quality patient care. Faculty from a health professions and a medical school developed an early required Interprofessional Leadership (IPL) course that prepared students for interprofessional collaboration. The purpose of our study was to test the effects of the curriculum on interprofessional teamwork skills in four cohorts of healthcare students early in their education (one cohort for each of four years).

**Methods/Methodology**
Participants included first semester nursing, medical, and physician assistant (PA) students. The study design was a one group, pre test and post test on each cohort. Students from each cohort were placed in teams that remained together throughout the year-long required course, which consisted of small group activities focused on team development, didactic practical application, and skills operationalized in community service-learning projects. The Team Skills Scale Adjusted (Team Skills Scale, Hepburn, et al., 1996) survey was administered to each student pre and post IPL course to measure student perception of team skills attainment. Paired t-tests were used to examine significant differences in the mean scores. The survey will be made available on the presentation poster.

**Results**
A total of 417 students completed the surveys (157 medical, 98 nursing, and 162 PA). Significant differences were found between pre and post survey means of each Cohort (1,2,3,4) (p<0.05), indicating skill attainment in 5 of 6 categories. In Cohort 2 and 4 variation among healthcare profession groups were noted: The PA group was the only health professions group that had significantly greater Team Skills Scale Adjusted scores post test (p=.007) and Nursing had only 1 of 6 categories significantly greater (p=.015) respectfully. Reliability was established with a Chronbach Alpha of .80, .85, 85, .70 for Cohorts 1,2,3,4 respectfully.

**Conclusion**
The Team Skills Scale Adjusted survey was used with a total of 417 students spread over four cohorts with instrument reliability established. The survey questions elicited focused information from students about their perception of collaborative practice skills gained from an IPL course. Evaluations indicated the course accomplished its objectives of helping students gain increased perceived competence in teamwork skills.
Presenters

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Authors

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Abstract Number: 497

Abstract Name: Interprofessional Mobile Learning Team

Category
Interactive Poster

Theme
Education

Presentation Description

Interprofessional education (IPE) occurs when “students from two or more professions learn with, from and about each other in order to enable effective collaboration and improve health outcomes” (World Health Organization, 2010, p. 7). While the value of interprofessional learning opportunities for students is well established in the literature, it can be a complex process to introduce, plan and sustain within the educational setting (Reeves, Goldman & Oandason, 2007). In our experience, IPE learning activities typically involve the use of case studies, simulation, blended or e-learning, and focus mainly on learning “about” each other. Learning “with and from” each other is seemingly more difficult to implement due to existing barriers.

Our interprofessional team of students and staff wanted to design an innovative project to acknowledge and respect the diverse programs and numerous demands on time facing our post-secondary students. Finding a way to make learning interesting in brief encounters while supporting students in their quest for knowledge in the learning cycle of a busy semester became the priority. The result was an Interprofessional Student Mobile Learning Team comprised of students from a number of our health programs. Using a small cart with promotional materials and information, the students made rounds in lounge areas on campus to deliver 1 – 2 minute infomercials on the topic of the Fentanyl Patch for Patch Return Program (Legislative Assembly of Ontario, 2015). The response from students who participated and listened to the infomercials was overwhelmingly positive.

Join us for this presentation as we describe our experiences with planning and implementing the Interprofessional Student Mobile Learning Team pilot project. The goals of the project, formation of the interprofessional team, perspectives on the experience from participants, reflection on the completed project, and lessons learned will be discussed. We will also show pictures and a short video of the Interprofessional Student Mobile Learning Team in action.

Presenters

Karen MacDonald
Georgian College of Applied Arts and Technology

Toni Cano
Georgian College of Applied Arts and Technology

Yvonne Galbraith
Georgian College of Applied Arts and Technology
Authors
Abstract Name: Team Assessment: A Framework for Assessing and Advancing Interprofessional Collaborative Competencies Within Intact Teams

Category
Oral Presentation

Theme
Practice

Presentation Description

Background/Rationale:
Interprofessional collaboration (IPC) has been advanced as a strategy to meet the needs of an aging population where patients present with an increasing number of comorbidities (World Health Organization, 2010). Evidence has demonstrated that to provide high quality, team-based care, competence is not reducible to the individual but rather exists in the social and organizational systems of teams. With ‘collective competence’ (Lingard, 2013) emerging as the new model for understanding team performance the notion of competence shifts to one that is distributed, situational, and evolving, and a new challenge arises in supporting teams to understand their performance and advance their collaborative work.

This presentation shares an intentional framework for assessment of IPC competencies within intact teams, and a standardized process for identifying shared learning goals and implementing team-focused action plans. The framework will be presented highlighting one team’s experience in leveraging their results to design learning goals linked to advancing select core competencies.

Method/Methodology

The team assessment process consisted of a mixed methods approach including delivery of a didactic teaching session. Three pilot teams completed a 27 item self-assessment survey designed to explore their perceived performance with respect to six organization-specific ‘core competencies for interprofessional team collaboration’: interprofessional values & ethics, communication, conflict resolution, role clarification, shared decision making, and reflection. Teams were also asked to rate the frequency with which they engaged in four key patient safety practices and provide an overall rating of their work together. Questions were constructed using a five-point Likert scale with text boxes to elicit written comments. Descriptive statistics were used to collate data and comments were reviewed to identify emerging themes. Debrief sessions were organized and facilitated led by facilitators external to the team. Assessment results, particularly areas of strength and opportunities for development, were conveyed to teams who were then tasked with co-creating action plans to enhance team performance and/or learning.

Results/Outcomes
Demographic information will be shared along with sample item responses and overall analyses. Reflection was the competency which scored lowest across all teams while other competencies varied. Teams indicated that they engaged in interprofessional care more than interprofessional education. Teams created diverse learning objectives with an emphasis on inclusion, reflection/debriefing, clear communication processes, and co-created policies. One team’s experience will be used to highlight the team assessment process from a qualitative perspective and to share sample action plans.

Conclusions

The team assessment process was effective in providing teams with the opportunity to explore their collective work and identify action plans for ongoing improvement and learning. Sufficient success was achieved to indicate the opportunity for organizational spread and to initiate validation of the tool. The current process was facilitative but labour intensive. Consideration is presently being given regarding the need for an external facilitator. If teams could independently self-administer and debrief the assessment, efficiency could potentially be enhanced. To support this possibility a toolkit is being developed outlining the team assessment process and providing an array of development activities and resources aligned with each of the competencies.

Presenters

Elizabeth McLaney
Sunnybrook Health Sciences Centre
Laura D’Alimonte
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Authors

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Angela Leahey
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Carol Moran
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Abstract Name: Preparing Future Providers for Interprofessional Care of Underserved Populations

Category
Oral Presentation

Theme
Practice

Presentation Description
The Governor’s Wellmobile is a nurse-managed mobile primary care clinic operated by the University of Maryland School of Nursing (UMSON) to manage the complex underserved and primarily uninsured immigrant population in the Washington, DC suburbs. Funded by a HRSA Nurse-Education Practice and Retention cooperative agreement (Bridging Interprofessional Practice and Education with Integrated Care through a Medical Neighborhood), social workers, nurse care managers, Family Nurse Practitioners (FNPs), physicians, pharmacists, and bilingual (Spanish) community health workers work collaboratively in this interprofessional practice. A team-based care model provides integrated care, care management, and expanded access to diagnostics and specialty consultation through established community partnerships. Weekly interprofessional team case conferences provide additional problem-solving venues for faculty and students to collectively plan and evaluate the outcomes of care for complex patients.

Consistent with the Wellmobile’s mission as a primary care training site, medical, undergraduate social work, pharmacy, and RN-BSN, graduate Community Public Health, and FNP nursing students complete clinical rotation training on the Wellmobile. Precepted by respective faculties, medical and FNP students diagnose and treat, pharmacy students perform medication reviews and make formulary recommendations, RN to BSN community/public health (CPH) nursing students assist in care management and health education, masters CPH nursing students complete leadership and program planning and evaluation rotations, and bilingual (Spanish) social work students lead support groups and assist with applications linking patients to specialty care.

This presentation will describe the online interprofessional team based care training modules and other learning materials completed by students from a variety of disciplines. It will also outline clinical teaching methods and the variation in the length and duration of faculty-guided student experiences related to discipline-specific curriculum and clinical hours, clinic space, patient appointment schedules, and patient complexity. Data from student pre and post surveys including Readiness for Interprofessional Learning (RIPLS), Student Attitudes towards Team-based Care, the Student User Survey (The National Center for Interprofessional Practice and Education) and student reflections will be presented to illustrate student voice and perspectives on this interprofessional practice experience. These outcomes will be cross walked with the IPEC competencies measured and also aligned with the Kirkpatrick Barr Evaluation framework to illustrate the breadth of competencies addressed and to map out the development of future evaluation opportunities.

Incorporating students from a variety of professions and at various stages of training into an
interprofessional care team can positively impact students perceptions of team based care and knowledge of their own roles. This exposure in a real-world care environment can help future health care providers prepare for utilizing interprofessional approaches to serving underserved populations.

**Presenters**

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University of Maryland Baltimore School of Pharmacy  
Susan Antol  
University of Maryland Baltimore School of Nursing

**Authors**

Randa Deacon  
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Carole Collins  
University of Maryland Baltimore School Of Nursing  
Deborah Campbell  
University of Maryland Baltimore School of Nursing  
Veronica Gutchell  
University of Maryland Baltimore School of Nursing
Abstract Number: 506

Abstract Name: A Logic Model in Action: Evaluating the Organizational Impact of Interprofessional Education and Care

Category
Oral Presentation

Theme
Leadership

Presentation Description

Background

We know that using an evaluation approach such as a logic model offers greater learning opportunities, better documentation of outcomes, and shared knowledge about ‘what works and why’. "The logic model is a beneficial evaluation tool that facilitates effective program planning, implementation, and evaluation (W.K. Kellogg Foundation, 2004)". A paucity of literature exists with respect to strategic planning for interprofessional education and care within the context of academic health sciences centres. Further, little or no evidence exists for how to effectively evaluate the impact of interprofessional collaboration at an organizational level. A foundational goal was set by Sunnybrook Health Sciences Centre (SHSC) ‘to be a system wide leader in advancing a culture of interprofessionalism which fosters the highest quality, person-centred care.’ Based on this vision, a corporate strategy and evaluation framework (stemming from the use of a logic model), were created and implemented in order to engage and connect with all staff, physicians, students, patients and families.

Methodology

In collaboration with diverse leaders, clinicians, academic partners, students, patients and their families, SHSC co-created an Interprofessional Collaboration Strategy focusing on three areas of impact: enhancing organizational capacity, embedding interprofessional values and principles, and transforming models of care. A logic model was developed outlining key activities to advance the strategy. A unique governance structure including an Interprofessional Advisory Council, Steering Committee, and Executive Sponsorship was created to ensure broad engagement and oversight across three campuses, and to create the capacity to deliver on an enterprise-wide set of deliverables.

Results/Outcomes

The product of organizational engagement was a logic model and evaluation framework including domains of impact, quantitative and qualitative measures, and performance indicators. In addition, an organizational dashboard capturing key metrics has been introduced and disseminated. Underlying the framework and dashboard is a robust work plan outlining key objectives, activities, outputs and outcomes associated within each area of impact. Key activities and evaluation data will be shared in relation to: culture change, patient experience, staff engagement, student experience, quality, safety and efficiency.
Conclusions

Embedding interprofessional collaboration within strategic planning marks team collaboration as an essential organizational priority. The logic model enables tracking of discrete sets of activities, and resulting metrics enable communication of progress and promote organizational awareness and clarity. By adopting a governance structure inclusive of senior leader oversight by Professional Practice, Quality and Patient Safety, Education and Organization Development and Leadership portfolios organizational synergies and cross-portfolio alignments are generated. Developing an evaluation framework which rigorously measures impact makes progress transparent and focuses team efforts and improvements. In this way, organizational transformation is enabled.

Presenters

Elizabeth McLaney
Sunnybrook Health Sciences Centre

Authors

Ru Taggar
Sunnybrook Health Sciences Centre
Abstract Name: Assessing collaborative patient care between nurse practitioner and master’s-level social work students via an Interprofessional Team Objective Structured Clinical Examination (ITOSCE)

Presentation Description

Background/rationale

Objective structured clinical examinations (OSCEs) have been widely used in health professions education and are increasingly utilized to assess competencies among nurse practitioner students (NP) and master of social work students (MSW). The Interprofessional Team OSCE (ITOSCE) is a modified version in which students work in teams to care for a simulated patient. For this project, an ITOSCE was created to provide NP and MSW students with an opportunity to demonstrate geriatric clinical assessment skills and team collaboration techniques. The ITOSCE model was evaluated in terms of its association with changes in students’ level of confidence in their collaborative abilities and their mastery of various collaborative skills.

Method/methodology

Nursing and social work faculty developed two ITOSCE scenarios that featured complex older patients whose medical symptoms were exacerbated by psychosocial issues; local actors served as standardized patients and were trained to play the role of each client. During the ITOSCE, NP students first completed a 30-minute health assessment and then handed off to the MSW student for follow up. The MSW student conducted a 30-minute psychosocial assessment, and the two disciplines met again to discuss their respective clinical impressions and identify approaches for an integrated care plan. All segments of the ITOSCE were digitally recorded as a basis for student feedback and evaluative analysis.

Students’ confidence in their collaborative skills was assessed before and after completing the ITOSCE using the Team Skills Scale (TSS; Hepburn, Tsukuda, & Fasser, 1996); students’ mastery of collaborative skills as demonstrated in digitally recorded interactions was evaluated via relevant components of the Interprofessional Collaborator Assessment Rubric (ICAR; Hayward, Curran, Curtis, Schulz, & Murphy, 2014). Relevant ICAR items included those evaluating communication, collaboration, team functioning, and conflict management.

Results/outcomes

Forty-five students participated in the ITOSCE; 20 students completed the TSS at both pre-test and post-test, representing a 44 percent response rate. Participation was higher at pre-test (n = 39)
compared to post-test (n = 20), especially among NP students. Statistically significant gains in students’
confidence level were evident in two areas: functioning effectively as an interdisciplinary team member
and actively participating in team meetings. Students felt the least confident in their knowledge of
geriatric care principles for effective team contributions and most confident in their ability to treat team
members collegially. Digital recordings of 13 nursing and social work teams, representing 30 students
working in either dyads or triads, were analyzed via ICAR. Although the majority of students scored
either “mastery” or “competent” on each item, reviewers noted some students used a directive
approach, authoritatively telling their partner(s) what to do rather than discussing the case
collaboratively; this skill limitation was not captured via ICAR.

Conclusions

Participation in the ITOSCE was associated with increased confidence in team skills and virtually all
students demonstrated effective collaborative skills as measured via ICAR. However, the faculty team
faced two barriers in evaluating student learning outcomes: lack of student participation in post-test
data collection and inability of the selected ICAR items to detect subtle differences in students’
demonstrated collaborative competencies.

Presenters
Robin Bonifas
Arizona State University
Donna Velasquez
Arizona State University
Michela Bou Ghosn
Arizona State University

Authors
Abstract Name: Interprofessional patient narrative seminars: getting the most out of the situation

Presentation Description
Patient stories have the potential to touch us in many ways and to teach us much about patient centred health care practices. In this discussion group we will address the following question: "What are some of the best ways to share and explore patient stories with students from different health professions?" At the University of Saskatchewan (U of S) we have been hosting Patient Narrative seminars for about 10 years. These seminars provide a forum for students from several health professions to listen to, reflect upon, and discuss patient stories. Typically, these stories are presented by patients and/or caregivers themselves but may also be available as (published) texts. The seminars at the U of S include time for personal reflection, small interprofessional group discussions, large group Q & A and discussions, and faculty commentaries. At this CAB conference discussion group, following a brief orientation, we will form small interprofessional and mixed institution groups to discuss the central question above. We hope that participants, based on their own experiences and prior knowledge and expertise, will share insights and effective practices with colleagues from across the world on leading interprofessional patient narrative sessions. We will re-convene as a large group to exchange and develop ideas from the small groups. To those who request, following the conference, we will circulate electronically summaries of the discussions.

Presenters
Marcel D'Eon
University of Saskatchewan
Doreen Walker
University of Saskatchewan

Authors
Ulrich Teucher
Abstract Number: 511

Abstract Name: *Using the humanities to incorporate reflective practice and collaboration skills into IPE experiences with pre-clinical years health professions students*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
To effectively learn and master the competencies frequently associated with Interprofessional Practice and Education (IPE), it is important to incorporate specific skills that the students can learn, practice, and eventually reflect upon. There are many online resources designed with this in mind, but they frequently emphasize specific clinical environments that may not be familiar to students in their pre-clinical years. In addition they often use certain blends of health professions that may not be relevant to all the programs within an IPE program. To overcome these challenges we designed and implemented a sequential skill-building curriculum with first year, pre-clinical health professions students from nine health professions. To do this effectively while maintaining relevancy for all nine professions, we incorporated several modalities from the humanities, as well as from narrative medicine and personal narratives. The skills introduced throughout the year built upon earlier skills learned, and provided ongoing opportunities for students to practice these new skills in their daily lives outside of health care and outside of education. These important distinctions provided ample opportunities for the students to learn, practice, and reflect upon these new skills, while providing for context and relevancy no matter the health profession focus of any individual student. This presentation will focus on the development and implementation of this curriculum, and will reflect on the outcomes collected after one full academic year of implementation.

**Presenters**
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Western University of Health Sciences  
Katy Avila  
Western University of Health Sciences  
Gwendelyn Orozco  
Western University of Health Sciences  
Phillip Mitchell  
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Jasmine Yumori  
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Authors
Abstract Name: *Interprofessional Teams working to Improve Quality across the System of Care: Understanding Successes and Challenges*

**Category**
Oral Presentation

**Theme**
Leadership

**Presentation Description**

**Background:**
Quality improvement (QI) teams are typically composed of staff from a range of professions and staff groups. Indeed, best practice recommendations suggest the inclusion of multiple professions to ensure that varying perspectives can contribute to efforts to improve care\(^1\). Further, given the recognition of the systemic nature of many quality issues, QI teams are also often required to have intersectoral (IS) representation in their membership which adds another layer of complexity to the QI team. Despite the central importance of teams to the success of projects, few reports of QI programs focus specifically on the barriers and facilitators to establishing and implementing successful interprofessional (IP) QI team processes and how collaboration can be optimized across the system of care\(^2\)\(^-\)\(^3\).

**Methods:**
We carried out a qualitative study to explore the ways in which QI team dynamics and IP/IS tensions affect QI and safety efforts, and to understand the strategies and approaches that successful QI teams have used in dealing with barriers to team performance. The IDEAS (Improving and Driving Excellence Across Sectors) program is a large multi-partner quality improvement educational and leadership program across Ontario, Canada. As part of the IDEAS curriculum, participants conduct a QI project. Qualitative interviews (n=36) were conducted with IDEAS graduates at the executive sponsor, project leader, advisor and team member levels for 13 project teams. Our analytical approach involved a directed content analysis, using competencies described in the Canadian Interprofessional Health Collaborative competencies as sensitizing concepts.

**Results:**
This presentation will share the key themes that were identified and focus on challenges and enablers for quality improvement IP and IS teams:

**Challenges:**
- Defining, engaging and leading teams which include different professions and care sectors.
- Power, hierarchy and negotiating IP accountability for successful team functioning and communication.
- Engaging in collaborative learning, applying QI tools (e.g. process mapping, driver and fishbone diagrams) and collecting data within and across teams.

**Enablers:**
- Optimizing the learning from QI tools and their effect on team dynamics.
• Focusing on role understanding, checking role assumptions and negotiating role responsibilities across professions and care sectors enabled successful QI implementation across professions and sectors.
• Support from executive sponsors, change management skills, leadership at the point of care and patient engagement.

Conclusions:
Quality improvement can be a key enabler of the QI team process for IP and IS collaborations, allowing team members to develop a common definition of the “problem”, find common goals and to use common tools. This QI focus can promote better understanding of roles, team functioning and systems of care. Team building is fostered by engagement in QI, particularly for collaborative learning across professions and sectors. QI tools and projects can contribute to team formation, team building and an understanding of interdependence through the mechanisms of problem definition, diagnostic journey and seeking feasible solutions using common methods. Likewise, QI teams that focus on team processes, support and leadership are more effective in their quality improvement efforts.

Presenters
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Abstract Number: 516

Abstract Name: To IPE or not to IPE? Words create worlds

Category
Discussion Group

Theme
Leadership

Presentation Description

Topic/subject
The importance of language and its meaning is well-recognized within the field of interprofessional education and collaboration, resulting in considerable efforts to clarify the term 'interprofessional'. And yet, given our own experiences across a large network of universities, colleges and health care organizations, as well as the continued attention to language in the literature, it is clear that the dialogue is far from over.

Background/rationale
The importance of language is further evidenced by organizations that are moving away from explicit use of the term interprofessional and choosing language that is seen as broader and more inclusive of organizational members and the health care system at large. Through focused attention and reflection on the language associated with interprofessionalism and its impact (both anticipated and unintended), we may best be able to consider collectively how the word ‘interprofessional’ both enables and restricts our own and others’ meanings, engagement and collaboration. There is a strategic opportunity to influence shifts in practice and education by being more choiceful of language that does not dichotomize the professions (e.g. nursing and allied health), those who contribute to care (e.g. clinical and non-clinical), and notions of the system in which we operate (e.g. medical care versus health care). These considerations are critical for the field of interprofessional education (IPE) and interprofessional care (IPC) to sustain momentum and achieve its promise of contributing to safe, high quality care.

Facilitation methods (describe your plan for interaction)

- Brief presentation of dominant language used in the field of IPE and individual reflection (15 minutes)
- Key questions will guide small group discussions at the tables (20 minutes)
- Report out of considerations for language that may best advance the work across this field forward (10 minutes)

Relevant materials

Review of the names across various interprofessional institutions leading IPE and IPC
Glossary of key terms

Presenters

Mandy Lowe
University Health Network

Maria Tassone
Centre for IPE, University of Toronto; University Health Network

Authors
Abstract Name: Interprofessional team simulations for collaborative care in stroke: constructing knowledge, applying skills and changing attitudes

Category
Oral Presentation

Theme
Education

Presentation Description

Background: Stroke is the leading cause of long-term adult disability in Canada with significant financial, social, and personal impact.[1] Collaborative interprofessional (IP) teams are considered the best practice recommendations (BPR) for stroke care1 and demonstration of IP competencies [2] are becoming an expected outcome for pre-licensure health students. The breadth of multi-system challenges and the array of professionals involved in client care over a long recovery process is unique and can be challenging. IP teamwork experiences in clinical learning environments are highly variable and shared curriculum time across academic programs to foster IP collaborative practice-ready professionals is limited. IP team simulations offer a shared educational and social experience that efficiently addresses applied content and relevant IP practice relationships.[3]

Methods: Our team simulations were embedded in skills-based courses of pre-licensure occupational therapy, physical therapy, pharmacy, medicine, nursing and speech-language pathology students. The first simulation included a team meeting where students met for 1.5 hours to explore and develop a written collaborative care plan. One month later the same teams participated in a two-hour stroke clinic simulation. One of the stroke clinic scenarios involved the patient from the team meeting simulation, but further along in recovery. The second simulated patient case was novel. The respective simulation designs incorporated BPR and CIHC competencies drawing upon best practices in simulation design, educational accreditation standards, and IP evaluation. The pre-brief and debrief sessions for role competencies occurred in each profession’s curriculum with shared electronic IP and BPR resources. The interprofessional stroke clinic cases were debriefed in a large group sessions and facilitated by IP faculty.

A total of 386 students (356 on-site, 30 by distance technology) were divided into 60 teams of five to seven students with representation from the six professions for the collaborative care plan. Each team submitted their collaborative care plan for BPR and IP evaluation and grade. The 356 on-site students completed the two-station stroke clinic simulation with the same team from their first collaborative care plan simulation. Following the clinic simulation each student submitted a self-reflective skill document for their individual performance and their team’s performance. After both simulation events, voluntary and anonymous program evaluation forms were also provided to all students. The evaluation included the interprofessional collaborative competency assessment scale (ICCAS) and five qualitative questions probing the simulation experiences.

Results: The ICCAS scores for the collaborative care plan (378, 98% response rate) and the stroke clinic (340, 96% response rate) were used for the quantitative analysis. There was an increase for all pre-post
ratings for both simulations, regardless of profession or previous IP experience. Thematic analysis of the free text reflective questions indicated deep learning in role clarification, communication and teamwork.

Conclusion: The combined interpretation of the results indicates the stroke collaborative care plan team meeting is a valuable simulation design for content knowledge, but the students reported larger changes in their ICCAS scores following the stroke clinic simulations. Taken together both simulation designs are efficient and create valuable learning experiences for stroke discipline-specific and interprofessional knowledge formation.

Presenters
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Abstract Number: 520

Abstract Name: Developing strategies to support co-leadership among hospital-based nurse and physician managers

Category
Interactive Poster

Theme
Leadership

Presentation Description

Background: A number of healthcare systems in Canada and abroad are instituting co-leadership and co-management models to redistribute responsibility in management decision making. However, little is known about how dual management relationships form, evolve, and function in practice. Specifically, strategies to support the development of these co-leader relationships are needed.

Many nurse and physician managers occupy these leadership roles as they represent a large proportion of professional staff involved in clinical and organizational decision making. Informal physician-nurse collaborative practices are common however, formalizing the dyad partnership may be an important step in fostering collaborative efforts to improve quality of care particularly at the management level.

Methods: Through a grounded theory study, Clausen and colleagues (2016) identified a process for developing effective partnerships among nurse and physician managers within a surgical setting of tertiary care, university teaching hospital in an urban setting. Nurse and physician managers were expected to formally “partner” with each other to address clinical management issues together. A total of 31 interviews were conducted with 21 participants (12 nurses, 9 physicians) as well as 142 hours of observed events to define the process of intentional partnering. This work identified key domains on how these partners broke down professional preconceptions, navigated the emotional components that surfaced in their working relationships and how they constructed a shared responsibility that allowed them to achieve a mutual understanding of patient’s interests.

Results: A list of supportive actions were generated from the key concepts of this grounded theory study. These actions were either observed by the investigator who followed them in their daily practice or were described by study participants in the interviews.

Conclusion: With the emphasis on adopting co-management/co-leading arrangements in today’s health care management context, specific strategies to support the development of these co-leader relationships are needed. Strategies for individuals engaging in co-leader relationships are presented. In addition, how such co-leader relationships can promote physician engagement through the contribution of senior nurse managers is discussed.

Presenters
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Authors

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Abstract Name: The National Center for Interprofessional Practice and Education: Resources for Assessing Teams and Evaluating IPECP Programs Designed to Enhance Practice and Achieve Triple Aim Outcomes

Category
Interactive Workshop

Theme
Education

Presentation Description

Since 2014, the National Center for Interprofessional Practice and Education has been a “go-to” place to find measurement tools for assessing students, residents and clinicians in a variety of interprofessional teamwork perceptions and skills, and evaluating programs designed to promote interprofessional education and collaborative practice (IPECP). The field does not suffer from a lack of measurement tools (both “home-grown” as well as rigorously developed and peer-reviewed) that can be used to assess teamwork, or to investigate the link between IPCP and Triple Aim outcomes. But it does suffer from lack of understanding basic principles in the foundation areas of measurement, assessment, and evaluation which are needed to move the field forward. Significant need still exists among users, for example, in knowing how to appraise an instrument and select the right tool for a given purpose. In recognition of this need, the Center has expanded on its commitment to maintain an online tool repository to the broader goal of building community capacity in measurement, assessment, and evaluation.

As part of that commitment, in 2017 the Center launched its online “Assessment and Evaluation Home Page,” which contains a newly designed and expanded Measurement Instrument Collection. The Home Page also contains support materials, such as a primer on measurement principles, a consumer report on assessment tools, and Practical Guides on teamwork, assessment, and evaluation written by experts in the field. The purpose of this workshop is to introduce the Assessment and Evaluation Home Page and Measurement Instrument Collection, and to engage users in a 5-step assessment planning process, including searching for and reviewing tools to fit their assessment or evaluation needs.

After a presentation on the background and rationale for the National Center’s evidenced-based approach to measurement instrument selection and promotion, workshop participants will be:
1) Encouraged to navigate the new Measurement Instrument Collection themselves,
2) Led on a virtual tour of the available search and selection functionality and
3) Work through an interactive activity designed to result in identification of the most fitting measurement instruments for each participant’s specific IPE endeavors and
4) Given an exclusive excerpt of the National Center’s series of Practical Guides for assessment of teamwork.

Outline (in minutes):
10 – Introductions and background on the Center’s philosophy of capacity building that led to the new Assessment and Evaluation Home Page
15 – Recap of the 5-step assessment planning process described in Guide 3 and overview of the Measurement Instrument Collection
10 – Interactive tour of the Home Page and Measurement Instrument Collection (participants navigate on own devices)
15 – Participants work through activity to search, identify and select appropriate measurement tools
5 – Participants gain exclusive access and view the Practical Guide series
5 – Time reserved for questions.

Presenters
Constance Schmitz
National Center for Interprofessional Practice and Education

Authors
Abstract Name: Learner Interpretation of Collaboration in Interprofessional Competency Assessment

Presentation Description

Background:

It has long been recognized that a barrier to collaborative practice within healthcare teams has been implicit differences in professional culture. Healthcare professions have distinct identities, embedded with common experiences, language, values, and behaviours, to which students are exposed to during their education, and learn to adopt along their pathway to professionalization (Hall, 2005). These differences may contribute to interprofessional conflict when healthcare teams are tasked with shared problem-solving in pursuit of quality healthcare for their patients. As interprofessional collaboration (IPC) in healthcare has increasingly been recognized as one of the key approaches to improving patient/client safety (Frenk et al, 2010; WHO, 2010), an important strategy for fostering positive relationships among health professions students has been through interprofessional education (IPE) curricula. With the proliferation of IPE curricula comes the need to objectively assess whether students are individually developing the necessary collaborative competencies. This need for formative feedback prompted one large university to develop an assessment for collaborative competency called the Interprofessional Competence Assessment (IPCA). During piloting of the IPCA with senior students and clinicians, cognitive interviews revealed differences in learner perspectives on expected behaviours of students across the health professions. These differences warranted further exploration into how learner perspectives and interpretations affect fair assessment of IPE among health professions students.

Methods:

After a review of international interprofessional competency frameworks, a research team of health professions faculty and assessment researchers worked to develop the Interprofessional Competence Assessment (IPCA) to measure the dimensions of values and ethics, communication and collaboration; the tool is intended to be both a self-assessment and an assessment by health care team members for senior health profession students on their practicums. In the first pilot, the working group developed vignettes for four health professionals working within an IPC context. The tool was piloted amongst senior health profession students representing eleven programs and clinicians, in which they were given two vignettes and were asked to provide a rating of IPC-related behaviours in collaboration, communication, values and ethics (as itemized on the IPCA). For the initial intent of tool and item-refinement, cognitive interviews were conducted, in which respondents were asked to explain their reasoning for their ratings. Transcripts of the cognitive interviews were thematically analyzed to explore what factors became salient when respondents were making their ratings.
Results:

The thematic analysis of the cognitive interview transcripts will be presented. An emergent theme from the interview transcripts revealed that respondents requested to know the profession of vignette characters in order to appropriately rate observed IPC competencies. Themes of professional hierarchy also emerged from the transcripts as having bearing on how respondents evaluated and rated IPC vignette behaviours.

Conclusion:

Themes from the cognitive interviews revealed differences in learner perspectives on professional roles and the potential effects of these differences on assessment of IPC among students. This work highlights the importance of acknowledging how these differences may affect behavioural expectations and assessment of IPC competencies of health professions students.

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Abstract Name: **Collaborative Learning & Practice: IPE in Clinical Placement at a Community Teaching Hospital**

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

North York General (NYGH) is a 400 bed community teaching hospital situated within the greater Toronto area. A member of the Toronto Academic Health Sciences Network (TAHSN), and affiliated with the University of Toronto (UofT), NYGH has formal academic partnership with numerous other academic institutions. The hospital provides placement opportunities for more than 2,000 students annually, representing 43 different professions. NYGH’s academic strategy aims to “enrich and expand our education endeavours to improve health”, and includes a focus on interprofessional education (IPE) for collaborative patient-centred care.

NYGH has partnered with the Centre for Interprofessional Education (CIPE) at UofT since 2010, providing innovative learning opportunities for health care students in clinical placement. In 2011, the departments of Professional Practice and Medical Education joined forces to develop a structured IPE placement for our students. This unique learning opportunity was based on the UofT IPE placement model (2007), with modifications to accommodate our community hospital context.

The modified structured placement evolved to become Collaborative Learning & Practice (CL&P), a series of 5 weekly sessions for health care students from a variety of professions, academic institutions, and education levels. The goal of the CL&P program is to prepare students with the knowledge, skills and attitudes necessary to effectively function as members of interprofessional teams. Format of each session varies and includes: didactic instruction, small and large group discussion, case scenario, video, and simulation activity. Topics include: core competencies for collaborative practice, professional roles and responsibilities, patient and family centred care, ethical dilemmas, spirituality and end of life care. This longitudinal IPE experience encourages students to share their perspectives regarding patient care issue; reflect on their own role; learn about other disciplines; consider how to collaborate effectively; practice these skills in a safe environment; and gain knowledge about clinical conditions, health care services and community resources.

Each session was developed by NYGH staff (including a Patient Advisor), who are passionate about promoting collaborative practice. Resource material from the CIPE and other TAHSN organizations was utilized in content development. Each CL&P sessions is co-facilitated by IPE champions representing 2 different professions. These 1.5 hour interactive sessions are offered 3 times per academic year to students completing a clinical placement at NYGH. Unlike the traditional structured placement model where students are placed on the same unit, our students are concurrently in placement at different clinical areas of the hospital. They come together once weekly to engage in learning and share perspectives on presented topics. Students are assigned to a different “interprofessional team” each
week as they work through a complex patient case scenario requiring intervention from a variety of disciplines. Facilitators encourage students to use their clinical experiences and small group activities to reflect and discuss the benefits and challenges of collaborative practice. Feedback from students has been consistently positive and suggestions have been utilized to enhance the program. Some of the CL&P sessions have evolved into standalone workshops, offered to NYGH and UofT students who are unable to participate in the full series.

Presenters

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Abstract Number: Addressing the IHI Triple Aim using the TIPEL Model

Presentation Description

The United States is one of the biggest spenders per capita on health care. According to the Common Wealth Fund, only two countries, France and Great Britain, from 13 high-income countries studied, ranked higher than the U.S. on spending. Yet, the United States’ population health outcomes are the lowest in comparison to these international peers (1). One systematic approach to improving U.S. health outcomes is the Institute for Healthcare Improvement (IHI) Triple Aim which intends to simultaneously improve the health of populations, enhance the experience and outcomes of health care delivery and reduce health care spending (2).

Team-based care has been a readily identified solution to addressing these three parameters, which in turn has spurred health care teaching institutions towards utilizing interprofessional education and collaborative practice in its didactic and clinical curricula. The Interprofessional (IP) Fellow program provides an innovative approach to collaborative practice combining education, practice, and the Triple Aim dimensions into its framework. The program has been able to overcome conventional obstacles by integrating classroom style instruction with onsite community-based clinical experiences. The purpose of this presentation is to: describe a community-based interprofessional collaborative practice program; demonstrate how the TIPEL model can be tailored to address IP Core Competencies and the IHI Triple Aim; and evaluate effectiveness of a community-based interprofessional collaborative practice program.

Combining TBL with InterProfessional Experiential Learning (TIPEL) has allowed the program to develop a model centered on both the improvement of interprofessional core competency skills and collaborative efforts to addressing the IHI Triple Aim. The education component of the program was designed using backward design (3) and team-based learning (4) to facilitate student mastery of the IP core competencies. Team-based learning (TBL) units transcend across siloed college curriculums and accommodate diverse students at varying stages of learning. TBL application activities further cultivate the development of critical thinking skills that enable students to adapt in their professions to the ever-changing face of health care delivery systems.

The collaborative practice component of the program homogeneously takes place at a community-based site, a homeless day center. Aligning with the IHI Triple aim, the IP program empowers the community-based organization and its members to be active members of the health care team. Students participating in the health and wellness clinic address acute and chronic health concerns of individual clients, precepted by an interprofessional faculty team. Additionally, the program’s continual effort to advance local health needs reinforces the goal of improving the quality and satisfaction of the vulnerable population it serves. IP student teams assess and address specific population health and wellness needs in the community, which culminates in a Health and Wellness Fair each semester. Addressing population
concerns through communication and patient education as well as identifying community resources
increases adherence to care management plans which is believed to reduce costs in health care
spending.

Findings from the program will be shared and include strategies to engage different health professions’
students and faculty, partnering with community agencies, and the benefits of linking education and
practice.

Presenters
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University of South Alabama
Abstract Name: Development and Implementation of Institution-Wide Entrustable Professional Activities (EPAs) for Interprofessional Education (IPE)

Category
Oral Presentation

Theme
Education

Presentation Description
Background: Assessment of IPE remains a challenge for health professions programs. Entrustable professional activities (EPAs) are specific tasks or responsibilities that trainees are entrusted to perform without direct supervision once they have attained specific competence. EPAs are currently used in Graduate Medical Education to assess the progression of learner competence along a continuum. The American Association of Medical Colleges has proposed a set of core EPAs for entering residency and the American Association of Colleges of Pharmacy has developed draft EPAs for new pharmacy graduates. EPAs and competencies are related. EPAs are units of work, while competencies are abilities of individuals. Successful completion of EPAs requires integration of competencies, usually across domains. Progress in each EPA can be assessed by tracking its component competencies through observation in simulated or real-world settings.

The University of Nebraska Medical Center (UNMC) is an academic medical center consisting of seven colleges. UNMC has an established active IPE program that includes several campus-wide IPE events; these activities are coordinated by the IPE Curriculum Committee. In 2016, campus leaders asked the IPE Curriculum Committee to develop assessment tools that could be used to demonstrate competence in IPE for graduates of all programs. The EPA model was selected based on previous experience with EPAs in graduate medical education.

Methods: A subcommittee of the IPE Curriculum Committee drafted three EPAs with applicability to all health professions education programs. The EPAs were based on core behaviors of effective teams and were mapped to IPEC domains and competencies critical to entrustment decisions. Entrustable behaviors were described and compared with pre-entrustable behaviors. The first EPA is receptivity to teammates and is defined as the ability to give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others. The second EPA is self-efficacy as a team member and is defined as the ability to work with individuals of other professions to maintain a climate of mutual respect and shared values. The third EPA is a team approach to health care and is defined as the ability to work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

Results: The draft EPAs are currently being reviewed by each College’s Curriculum Committee for further implementation. Although the EPAs will be the same for all colleges, the specific competencies used to demonstrate entrustability will be defined by each program to reflect the skills appropriate for that
profession. Each College will track learner progress in those competencies, and define the level of entrustability to be attained by the time of graduation.

Conclusions: The EPA model can be used to assess IPE outcomes for learners from a variety of health professions. Support from campus-level educational leaders is required. The competencies used to assess progress with the EPAs can be customized by each profession, which increases their usefulness.

Presenters

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Authors
Abstract Number: 528


Category
Oral Presentation

Theme
Education

Presentation Description
In this presentation, we will describe an emergent training model for culturally safe healthcare. Currently, there is an urgent need for cultural safety due to the fact that the training of healthcare workers has historically perpetuated stereotypes (Allan & Smylie, 2015). An interprofessional group of educators and staff at Canadore College recognized, based on their own experiences, that many health and human service learners and practitioners are not adequately prepared to respond to Indigenous peoples in healthcare settings, such as identifying and accessing Indigenous healing practices or services, operating within a trauma-informed lens that respects intergenerational trauma or offering ultimately culturally safe healthcare. This has been identified as a priority in addressing health disparities faced by Indigenous peoples in Canada (Truth and Reconciliation Canada, 2015). Yet, to the best of our knowledge, there was limited research regarding the use of simulated participants to facilitate intercultural competence and interprofessional education among pre and post licensure health practitioners. Our interprofessional group expanded to include membership from the First Peoples’ Centre (FPC) at Canadore College as well as the urban Indigenous community and the local First Nation in order to garner and incorporate localized Indigenous Ways of Knowing and concepts of wellness.

Our research engages Indigenous Peoples, health practitioners, consumers, and educators in Interprofessional Education (IPE) to design, develop, and evaluate an Indigenous Interprofessional Cultural Safety Training Model (IICSTM). Extending the work of Owen, Brashers, Peterson, Blackhall & Erikson (2012), the IICSTM seeks to address emergent skill sets in culturally safe healthcare. Training occurs over the course of one year, through a variety of strategies, including engaging with local Elders and knowledges pertaining to Indigenous concepts of health and wellness. Skill acquisition is measured using culturally based simulated participant IPE simulations. These simulations are evaluated using Indigenous research methodologies (conversational method & story-telling), giving space and authority to Indigenous voice. Controlled learning simulations offer practitioners opportunities to collaboratively address common barriers identified by Indigenous populations, including but not limited to: lack of equal access to cancer screening and prevention programs; limited knowledge of Indigenous cultural healing and wellness practices among practitioners; and, communication challenges in hospital settings.

Community-specific knowledge translation activities have been incorporated in the IICSTM to appropriately disseminate this knowledge. Excitedly, this research is consistent with the spirit of the Living Learning Village Centre, a new building at Canadore College that was designed around the concepts of interprofessional collaboration, and Indigenous Ways of Knowing. This building includes three learner-led clinics (safe mobility, dental clinic, and medical clinic) that provide interprofessional training opportunities, 10 new training classrooms, and Indigenous ceremonial indoor and outdoor
In this presentation, we will share what we have learned through intercultural and interprofessional collaboration. Specifically, we will describe the various partnerships integral to the research, Indigenous Ways of Knowing and methodologies that support the development of the IICSTM, preliminary results from sharing circles and storytelling, and our own process related to competencies identified in the National Interprofessional Competency Framework.

**Presenters**
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**Authors**
Abstract Name: Interfaculty Student Committee at Université de Montréal: Novative approaches for student recruitment, communication and empowerment in Interprofessionnal Education and Collaboration

Category
Interactive Poster

Theme
Education

Presentation Description
Background: The Université de Montréal has developed a curriculum for Interprofessional Collaboration in Health Science course (Collaboration en Sciences de la Santé, CSS), including students from 13 programs. The 3 parts of the course, spread over a 3 years’ period, are managed by a professors’ committee (Interfaculty Operational Committee, IOC). In parallel to the IOC, sits a student committee (Interfaculty Student Committee, ISC) in charge of giving constructive feedback to the IOC about the course. Student involvement for the pedagogical aspect of these courses is crucial in order to maintain relevance of teaching methods as well as in maximizing students’ experience. Nonetheless, the ISC has been experiencing recruitment problems. Indeed, positions are not automatically renewed and the existence of the committee is poorly advertised. In this case, how do we expand our reach to students and foster their involvement and their promotion of the committee? Methodology: The first step was to find suitable means of communication between members of the committee. We showed a great interest in social media, particularly Facebook, for its popularity with the youth as well as for its practical side for managing communications. The second step consisted of defining the role of every member within the committee, since delegating tasks gives each member a great sense of empowerment and unity. Furthermore, we made sure that each member of the ISC was given a mission stating that all students were adequately represented at all levels of their programs. In addition to justifying the presence of everyone on the committee, this method has facilitated the recruitment we were lacking. The third step was to inform students about the different projects in which they could get involved in, such as «patient mentoring» project and «mini health schools» project, which are both long-standing projects at the Université de Montréal. Students were also solicited to implement a new project: a Directory of all Interprofessional Health Organizations and in Collaboration with Patients of the University of Montreal (DIHOCP). Thus, their role changed from passive (transmitting information) to an active role (seeking information). Results/outcomes: We doubled the number of members of the Facebook discussion board (from 19 students to 38 in 4 months) by encouraging its members to recruit others. To use this platform has also lightened communications since information is now concentrated in a single ordered place and people can consult it whenever they want, which has helped to build membership loyalty. This fidelity was also facilitated by the pragmatic aspect of the group’s functioning: students interacted to get the information to transmit to their class, but also to bring new elements to the ISC. Through improved communication we have increased the visibility of the program. The blossom has also been improved by the development of the DIHOCP which included the ISC in a whole larger than itself. Conclusion: In a constantly evolving educational world, communications paths have every advantage to adapt to students in order to facilitate a greater progress in Interprofessional Education and
Collaboration.

Presenters
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Abstract Number: 530

Abstract Name: Using Principles of Interprofessional Education to Transform Primary Care Practice

Category
Oral Presentation

Theme
Practice

Presentation Description

Background: The importance of effective collaborative practice models to improve the experience of care, improve health, and reduce costs is well established. However, implementing new practice models is challenging, especially in well-established existing practices. Traditional hierarchy and culture, financial and structural barriers, and out-moded payment models must be overcome. In addition, practice leaders are often not versed in current interprofessional education theory, while IPE experts may not be integrated with practice.

This presentation describes ongoing work at Jefferson Family Medicine Associates, a large urban academic family medicine practice, to transform the care model and improve staff-, patient- and learner-centered outcomes.

Methodology: All staff are trained in TeamSTEPPS for Primary Care to create a shared language around key team-working skills. Roles and responsibilities of every member of the practice team have been critically reviewed. A series of interprofessional workgroups with members from all practice roles (front desk staff, medical assistants, nurses, social work, public health, nurse practitioners, physicians, residents and students and IPE experts) are actively engaged in identifying opportunities for improvement, implementation, and assessment of change. A Patient and Family Advisory Committee has been established to assess current state and engage in practice transformation and measurement. Additional practice changes include: enhanced care coordination and quality resources; new health IT support; and new curriculum in quality and safety for staff, residents, and students. Evaluation methods include: staff satisfaction and engagement surveys, improvement on quality metrics, patient satisfaction, and recently, assessment of learner knowledge, attitudes, and self-efficacy for sustained teamwork to improve quality.

Outcomes: Longitudinal assessment of staff satisfaction using a composite tool reveals increases in some domains, although significant stressors remain to be addressed. Quality scores in domains where the interprofessional team has been effectively deployed (depression screening, assessment of HgbA1c in diabetic patients, mammography) have improved modestly. Patient satisfaction as measured by the Jefferson Teamwork Observation Guide, which measures quality of teamwork and patient engagement as a team member are very high, as are patient comments in our Suggestion Box. Scores on standardized patient satisfaction surveys remain lower than desired. New resident and student curriculum outcomes to date include high satisfaction with the content and delivery of curriculum, and improvements in knowledge and self-efficacy for pilot groups.
Conclusions: This work is complex and has required an extraordinary level of commitment from the entire practice and academic team. Progress has been incremental but significant, with steady progress across most metrics. The uncertain pace of payment reform and limited resources available within primary care have been real barriers. Change fatigue and burnout remain challenging. In spite of this, practice staff, learners, and patients appreciate the positive impacts of improved teamwork and enhanced ability to serve our patients. Engagement of interprofessional teams in continuing cycles of practice redesign and improvement is high. We believe this journey can serve as a model for practices and health systems seeking to redesign practice to support effective teamwork and improve outcomes through practice/education partnerships.

Presenters
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Abstract Number: 531

Abstract Name: An Intentional Center Advances and Sustains Interprofessional Collaboration

Category
Interactive Poster

Theme
Leadership

Presentation Description
Background. The Interprofessional Education Collaborative ([IPEC], 2016) recognizes interprofessional collaboration (IC) as the central domain encompassing all the remaining competencies. We established an interprofessional center that joins academia, community and practice, which adds significance of this overarching domain.

Problem. Healthcare delivery has shifted from volume to values, from illness to wellness and from acute to community settings making it all the more important to identify how to bring diverse members of the healthcare ecosystem together to work on complex problems. Though most agree that IC is needed, exemplars that reveal resources, key elements and outcomes are lacking and could be beneficial for those who strive to meet IC.

Solution. An intentionally established center that encourages and supports an IC culture and brings academic, community and practice partners together is one exemplar that advances and sustains IC. Key Elements include: (1) Administrative Support (e.g., financial, technical etc.); (2) Essential Player Engagement; (3) Shared vision; (4); Dialogue; (5) Partnership principles; and (6) Polarity Management. No one element is more important and each element is integral to successful development and implementation of IC. Yet, because principles of partnership are exceptionally powerful in impacting cultures, we delineate details of partnership principles.

Principles of Partnership. We define partnership as a conscious decision to come together in relationships that nourish one another, as a way of connecting hearts, hands, and minds as human beings and as a way of recognizing and respecting each person’s importance to the team (Wesorick, 1996). Regardless of a person’s role on the team, or the relationships (e.g., provider and provider, patient provider, nurse and physician, social worker and manager etc.) the principles of partnership remain the same. The principles include: (1) Intention (i.e., the personal and deliberate choice to connect with another at a deeper level and in a nourishing way); (2) Mission driven (i.e., a call to live out a personal and professional purpose); (3) Equal Accountability (i.e., a relationship driven by ownership of mission); (4) Potential (i.e., inherent capacity to continuously learn, grow and create); (5) Balance, (i.e., harmony of relationships with self and others); and (6) Trust (i.e., a sense of synchrony on important issues or things that matter).

Outcomes. We have engaged with students and faculty from 15 unique healthcare disciplines, patients, families, communities and caregivers. Student/faculty/community teams have identified and provided care to influence real-world health problems such as obesity, violence, and polypharmacy in communities.

Conclusions. Transforming the culture of healthcare practice and education requires that multiple providers from different backgrounds come together as partners with patients, families, communities,
students and faculty to create the best places to give and receive care and to achieve population health outcomes. Healthcare providers must be prepared in IC and a dedicated interprofessional center is one way to assure that future providers and today’s practitioners join with communities to affect population health. We suggest that partnership is an indispensable element in IC to create nourishing relationships that can affect population health.

Presenters

Evelyn Clingerman
Grand Valley State University

Authors
Abstract Name: Does Team Play Enhance Teamwork? Use of a Challenge Course Experience to Enhance Interprofessional Education and Practice

Presentation Description

Background/rationale: Challenges courses, also known as ropes courses, have become increasingly popular, and can be found in commercial adventure settings, as well as in urban indoor environments and on educational and corporate campuses. Challenges courses have long been considered as a way to create metaphors for real life problems and challenges and have become widely utilized to build cohesiveness, teamwork, and self-confidence. They foster individual and group skills such as communication, collaboration, cooperation and problem-solving. These skills align themselves with the tenets of interprofessional education and the transformative goal of a collaborative patient-centered health care system. Communication and teamwork skills are at the core of a cooperative health care team and must be developed and understood in order to then value the diversity of each other’s roles/responsibilities and respect the values and ethics of our co-workers, our patients, and our society.

This workshop will discuss the use of a challenge course with Health Sciences students on a college campus and simulate communication and team building challenge course activities.

Engagement methods: Participants will perform simulated activities that have been used for team-building and problem-solving. The use of facilitator-led questions to promote discussion and reflection will be reviewed. Participants will have the opportunity to practice acting as the facilitator and providing feedback to their group’s facilitator. Presenters and participants will discuss ideas for simulating challenge course activities in an indoor setting with limited equipment.

Session outline:
1. Description of challenge courses (5 minutes)
2. Discussion of the Outdoor Classroom experience at Misericordia University (5 minutes)
3. Sample ice breakers with participants. (Captain on Deck, Over-Under, You’ve Got Mail) (10 minutes)
4. Discussion of sample challenge course elements (5 minutes)
5. Simulation of challenge course elements with participants (T.P. Shuffle, All Aboard, Islands, Spider web) (20 minutes)
6. Discussion and practice of group facilitation (10 minutes)
7. Simulation ideas, challenge course resources and requirements, and take-home messages (5 minutes)

Presenters
Laurie Brogan
Misericordia University
Maureen Romanow Pascal
Misericordia University
Authors
Abstract Name: Health Professions Students Leadership Behaviors Demonstrated in During an Interprofessional Simulation Experience: A Pilot Study

Category
Oral Presentation
Theme
Practice

Presentation Description
Purpose/Hypothesis: Attitudes towards interprofessional healthcare and education have been studied with qualitative data, but there is a lack of quantitative data in this area. Furthermore, there is a lack of research with health professions students’ interprofessional behaviors, specifically leadership, observed during interprofessional simulated clinical scenarios. This pilot study investigates interprofessional leadership behaviors and characteristics of three disciplines of students during a patient simulation experience using quantitative data. It is hypothesized that during an interprofessional simulation, the medical student will emerge as the leader for a multisystem diagnosis; the pharmacy student will emerge as the leader for a pharmacodynamic focus; and the physical therapy student will emerge as the leader for a musculoskeletal impairment situation.

Subjects: A total of nine advanced health profession students from Rosalind Franklin University of Medicine and Science: three advanced physical therapy students, three advanced pharmacy students, and three advanced medical students, participated in the simulation experiences. A total of three interprofessional teams with three members were created from the participants.

Methods: Each interprofessional team was presented with a simulated case designed to target one discipline. The participants worked as an interprofessional team to come to a diagnosis or produce a plan. The simulation experience was designed so that students did not have the pressure of diagnosing and treating "real" patients or being evaluated on technical performance. A fourth team was used to establish inter-rater reliability of scoring between the researchers. The research team observed the participants for displayed leadership behaviors and recorded these behaviors using the Team Leadership Interpersonal Skills Scale (TLIS) every 3 minutes within a 15 minute simulated patient scenario.

Results: During the musculoskeletal impairment case, the physical therapy student exhibited the most leadership behaviors while during the multisystem diagnosis case; the medical student demonstrated the majority of leadership behaviors. Surprisingly, the physical therapy student emerged as the leader in the pharmacodynamic case instead of the pharmacy student.

Conclusions: Leadership behaviors can be observed in a simulated patient case scenario. The physical examination component allowed for the most opportunities for students to display their leadership behaviors. Further interprofessional research is needed to determine the emergence of leadership behaviors with diverse health professions students’ disciplines.
Clinical Relevance: This pilot study provides data and information required to establish the methodology of an extensive research study to investigate the merits of interprofessional leadership behaviors. This study also provides pilot data based on characteristics of teamwork, decision making, and situation awareness that was exhibited by students from three different healthcare professions.

**Presenters**

April D. Newton  
Rosalind Franklin University of Medicine and Science  
Trent Kucera Kucera  
Doctor of Physical Therapy Student  
Luke Shallenberger  
Doctor of Physical Therapy Student  
Logan Stiles  
Doctor of Physical Therapy Student

**Authors**
Abstract Number: 538

Abstract Name: Distance learning that works for all professions: A model of student and faculty engagement

Category
Oral Presentation

Theme
Education

Presentation Description

Background/Rationale: Crafting effective interprofessional learning experiences can be very challenging. Often, creating opportunities in which students can learn “with, from, and about” each other may be difficult to orchestrate. The online environment offers new ways to educate students about core interprofessional competencies and to introduce them to team members and roles they may not encounter regularly in their education. It is essential that online materials represent different health professions accurately and provide practical information that will enhance teamwork. Delivery needs to align with technologies commonly used by students. The purpose of this presentation is to describe the development of distance modules that have successfully navigated these interprofessional challenges by fully engaging students multiple professions in their design.

In our experience, many of the available IP distance materials had been designed for a single profession by that profession and contained inaccuracies and stereotypes about other professions. Others were prepared for outdated learning platforms. We launched a project with funding from the Josiah Macy Jr Foundation and the Arizona Graduate Nursing Education grant to design distance modules that could be used across all health disciplines and made available on a variety of current technologies including mobile devices.

Methods/Methodology: An interprofessional Student Advisory Committee (SAC) was created as a pivotal component of the design plan for new distance modules on core IP competencies and IP primary care practice. Names for participants for the SAC were solicited from faculty members involved in IP initiatives and grants. Each nominated student was invited to participate. Nineteen students from five professions served as members of the SAC for the development of eight modules. An online orientation program for students was developed that included an overview of the module review process, introduction to technical aspects of the module interface, and norms for developing constructive improvement recommendations.

Students were asked to provide feedback on aspects of learning outcomes, disciplinary content neutrality, technical functionality/usability, and mechanical errors. An online evaluation instrument was utilized to collect student review feedback for each module. Feedback was thematically analyzed for application relevant to optimization of disciplinary content neutrality and technical functionality.

Results: To date, 100% of the SAC members have submitted complete reviews of their assigned modules within the requested timelines. Their comments are thoughtful, provocative and
comprehensive. Many submit 3-4 pages of comments and suggestions to make the content and format of the modules more useful or meaningful to members of their profession and other professions.

Conclusions: Engaging students in the design of IP distance learning materials can serve as an outstanding IP learning experience and result in meaningful, technologically appropriate tools. Teamwork and collaboration is at the core of the Josiah Macy Jr. Foundation Primary Care Curriculum Implementation and Evaluation grant and its initiatives. Collaborating with interprofessional students resulted in contributions of high quality and high volume feedback, which positively impacted the design of interprofessional distance education modules; and provided an opportunity for the students and project team to learn with, about, and from each other.

Presenters
Karen Saewert
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Authors
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Gerri Lamb
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Abstract Name: *Plays Well With Others: Using a Community Toy Fair and Expo as an Interprofessional Education Activity for Students in Healthcare Professions*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background:**
Texas Tech University Health Sciences Center (TTUHSC) has community partners who provide clinical opportunities that complement didactic curriculums for the diverse health professions educated within the institution. However, most partnerships are coordinated by individual schools and lack an interprofessional component. TTUHSC faculty from six departments collaborated with community agency Lubbock Early Childhood Intervention (ECI) to promote interprofessional education (IPE). A two-phase learning activity was created for students to have the opportunity to learn together. The end product was a Toy Fair and Expo for families of children receiving ECI services.

**Methods:**
Interprofessional teams of TTUHSC students representing audiology, nursing, occupational therapy, physical therapy, and speech language pathology were created to facilitate learning and collaboration. The objectives were for students to gain confidence in interprofessional skills, recognize how various professional roles and responsibilities contribute to quality care, and demonstrate effective communication within and as a team.

In the first phase, teams met to share profession-specific information and practices related to child development, family dynamics, and play. Students identified opportunities for collaborative client care based on knowledge gained in team meetings. Each team created a summary page for a single toy in a take-home book given to attendees. Teams then used simulations to rehearse interactive demonstrations. Faculty from each profession provided feedback to facilitate improved communication among team members and between the team/family. Through these activities, students gained a deeper understanding of their own professions and an appreciation for the perspective of other professions. The second phase of the project was a Toy Fair and Expo, co-hosted by TTUHSC and Lubbock ECI. Teams educated families, demonstrated therapeutic use of toys, and shared how play can encourage child development. Teams were challenged to tailor sessions to the specific needs and abilities of each child and family. This immersive activity allowed students to apply their knowledge, demonstrate critical thinking skills and incorporate professions to provide quality care and service.

**Results:**
Students completed a survey after the Toy Fair regarding attitudes and competencies related to IPE and practice. The majority of students (92.37%) agreed or strongly agreed the event helped increase their understanding of the importance of assuming a leadership role within an interprofessional healthcare team. Student comments were collected and organized into three categories: environment, logistics, and...
organization. Student feedback was primarily positive, indicating an interest in similar IPE events and the need to continue this specific event. Faculty identified evidence of student learning and collaboration as positive outcomes. Identified challenges included space, better understanding of all participants’ roles and responsibilities, and marketing to increase family/child attendance. Families who attended the event were engaged during the demonstrations and verbalized a need and appreciation for the event.

Conclusions:
This was a beneficial learning opportunity for students and a positive partnership model for interprofessional community outreach. The activity supported interprofessional goals of teamwork, communication, roles & responsibility, and values & ethics to establish links between the education system and the healthcare delivery system. The project provided a model for future collaborations within the community.

Presenters
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Jessica Carpenter
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Texas Tech University Health Sciences Center
Interprofessional by Design: Meeting at the Crossroads to Build an Innovative Interprofessional and Substance Use Disorder Training Practice Environment

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**

Background/Rationale: Arizona has one of the highest opioid dependency rates in the United States, yet ranks one of the lowest for accessibility of medication assisted treatment (MAT). The need for increased health professions training in the treatment of substance use disorders has been widely recognized; including interactive didactic, experiential learning opportunities along with addiction specialist role modeling. The Student Health Outreach for Wellness (SHOW) Community Health Initiative, Arizona’s first tri-university collaborative interdisciplinary project run by students and guided by faculty, provides a unique opportunity to respond to the need for health professional student substance use disorder training by partnering with Crossroads, the largest substance use residential treatment center in the Southwestern United States. Over this past year, the SHOW Crossroads partnership has evolved to expand interprofessional care services provided to the residents of Crossroads by: (1) addressing gaps in healthcare often experienced by marginalized populations, and (2) implementing health promotion activities specifically designed for populations experiencing substance use disorders. This partnership allowed for the creation of a substance use training practice site for five graduate level health professional student disciplines. This innovative and unique care interprofessional delivery model, not previously available to this population, alleviates physical and behavioral health needs that may detract from sobriety attainment and provides Crossroads with an opportunity to broaden services. Additionally, this partnership allows students to gain an invaluable understanding and knowledge of the needs, treatment options, and barriers to health those with substance dependence experience and to create sustainable community based programs and work in an emerging area of practice.

Method/Methodology: Two interprofessional teams were created to address the complex combination of genetic factors that influence the progression of substance use to dependence and the environmental factors unique to the individual that influence recovery. Interprofessional care management teams; Family and Psychiatric Nurse Practitioner, Occupational and Physical Therapy, and Social Work students assess, plan and implement physical and behavioral health care for individuals in active recovery under the direction of licensed preceptors and Crossroads Addiction Specialists. Interprofessional student health promotion teams; Occupational and Physical Therapy and Social Work Students use their distinct disciplinary perspectives to assess overall community needs in order to plan, deliver, and evaluate health promotion programs.

Results/outcomes: The first year of this expansion project will be completed in October of 2017. This presentation will provide an overview of partnership development, intervention implementation, program evaluation outcomes to date and lessons learned for successful implementation.
Presenters
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Arizona State University, Student Health Outreach for Wellness (SHOW)
Oaklee Rogers
Northern Arizona University, Student Health Outreach for Wellness

Authors
Karen Saewert
Arizona State University
Abstract Number: 543

Abstract Name: Interprofessional collaborative practice with a simulated morbidity and mortality conference: Dialoguing for patient safety

Category
Interactive Workshop

Theme
Practice

Presentation Description

Background

Interprofessional collaborative practice (IPCP) has limited proven efficacy related to specific interventions with formal hospital meetings representing one of the more operational methods of teamwork that improve patient care and non-self-reported outcomes.1,2 Regularly scheduled hospital meetings such as the morbidity and mortality conference (MMC) provide an opportunity for interprofessional engagement related to patient safety with critical evaluation of clinical cases where team behavior resulted in unplanned death or complications.3 The Accreditation Council for Graduate Medical Education recognizes quality improvement (QI) methods such as the MMC as requisite medical training that can improve the effectiveness of interprofessional collaboration along with the quality and safety of patient care.4 The MMC is well positioned to bring together fundamental practice competencies, structured medical dialogue and education.7

Description of Activity

Professional staff will be presented with information related to the structure and function of the MMC followed by participation in a simulated clinical conference (MMC). Patient case presentation plus analysis will follow an SBAR format and will focus on conferencing techniques that may improve the higher order categories of assessment, review and recommendations.8 Case conferencing dialogue, informed by interprofessional core competencies, will be used to encourage team dialoguing that advances error analysis, patient care, safety, outcomes and system-based practice. PowerPoint presentation will prepare participants to assume roles in a simulated MMC. Participants will display collaborative behaviors along with case conferencing skills and strategies within interprofessional teams. TeamSTEPPS resources will include schemes, scripts and instruments that can enhance participant engagement and provide a measure for learner outcomes.10 Cases for the MMC will be drawn from the Web M&M Cases & Commentaries, morbidity and mortality case rounds from the Patient Safety Network with the emphasis related to medical errors and appropriate responses.

Rationale

The updated mortality and morbidity conference is intended to address medical error and unintentional patient outcomes with a safety forum that can inform QI programs through comprehensive interprofessional structured case dialogue utilizing AHRQ resources. Practical applications of this project
will include preparing participants to collaborate in regularly scheduled hospital meetings with increased knowledge of purpose related to a MMC along with the requisite skills and strategies to engage in structured dialogue within interprofessional teams. Sub-objectives include: reinforcing system-based practice with a focus on increasing the early detection plus reporting of medical errors, advancing a just culture of collective responsibility within the team and correct match of learning objectives among various interprofessional providers. Participant take-away includes: enhanced patient transition plus management of uncertainty with protocols, algorithms and checklists. Workshop participants will be expected to contribute to the overall resolution of uncertainty while expanding their boundaries in relation to system-wide improvement.

Presenters
Mick Kaminsky
Rosalind Franklin University of Medicine and Science
Shana Miskovsky
University Hospitals and Case Western Medical School, Cleveland Ohio

Authors
Abstract Number: 545

Abstract Name: A project management approach to developing and implementing an interprofessional education curriculum

Category
Interactive Poster

Theme
Education

Presentation Description
In recent years, interprofessional education (IPE) has seen increasing application and implementation in health professional education programs. The IPE Core Competencies (Interprofessional Education Collaborative, 2016), provide a shared agreement of the knowledge and skills students require to be work-ready for interprofessional practice. Although the IPE Core Competencies provide guidance on the content of IPE, colleges face challenges with the logistical aspects of bringing together students from different programs to learn ‘about, from and with each other’ (World Health Organization, 2010 p.13). These challenges may include scheduling difficulties, differences in when specific content is taught across programs, and scaffolding IPE concepts early in programs when students have limited clinical knowledge. Implementing a formal IPE curriculum requires a thoughtful and considered strategy.

Project management is a methodology commonly employed in government and corporate sectors, outlining processes and strategies to create a product, service or result by a set end date (Project Management Institute, 2013). Models of project management often describe four phases: initiating, planning, implementing and closing. In the initial stages, the methodology guides the process to engage key stakeholders, define the scope of the project, and determine a strategy to deliver within specific timeframes, resources, and budgets.

Project management is less frequently utilized in higher education, but is a relevant methodology for implementing an IPE curriculum. Programs may have different philosophies, preferences for particular approaches to teaching and learning, and different accreditation requirements relating to IPE. Stakeholder engagement and determining the parameters of the curriculum are, therefore, of particular importance. Additionally, developing a plan for implementation is also critical given the logistical challenges of bringing students from different programs together.

In 2016, a health sciences college in a large metropolitan university commenced work to establish a formal IPE curriculum. The college offers a range of undergraduate and graduate programs including athletic training, nutrition, occupational therapy, physical therapy and speech language pathology. It also hosts a number of clinical centers accessed by the community and conducts research that contributes to improving the health and well-being of individuals and society. It was envisaged that the overarching IPE curriculum would impact both graduate and undergraduate programs, and provide IPE opportunities for students through clinical centers, clinical placements, and co-curricular activities.

A project management approach was adopted to guide the process for identifying program needs,
developing a formal IPE curriculum, and determining a strategy for implementation. A college-wide strategy has now been finalized with implementation to occur throughout 2017. The IPE curriculum includes a range of innovative modalities including online learning, course activities, simulation, clinical activities, social events and research.

The presentation will outline the methods undertaken in each of the project management phases to develop and implement the IPE curriculum at the college. There will be particular attention on the key enablers and challenges which shaped the development of the IPE curriculum. The college IPE Strategic Plan will be presented and discussed with reference to meeting the IPE Core Competencies. The presentation will also discuss a plan for maintenance and evaluation of the curriculum.

Presenters
Craig Slater
Boston University

Authors
Elizabeth Gavett
MA CCC-SLP
Abstract Number: 546

Abstract Name: How to implement and evaluate a structured interprofessional clinical collaboration: The example of interprofessional bedside rounding

Category
Discussion Group

Theme
Practice

Presentation Description
Background: It can be difficult to succeed at interprofessional ‘reengineering’ of current clinical processes, and it can be equally difficult to demonstrate success, which is vital to sustaining these changes. We will use an example of a successful intervention at the University of Virginia Health system to stimulate group discussion of the audiences own prior and future efforts.

We will begin with a concise presentation of our initiative, highlighting a few of the challenges that were met and surmounted, using Kotter’s change model as a backbone. We will emphasize our use of appropriate measurement tools that allowed us to recognize both our success, and the need for further refinements. Then we will ask audience members to relate examples from their experiences, and compare and contrast their efforts with ours. The group will be asked to consider common barriers, but most importantly, how to succeed in the face of adversity that is commonly encountered when we expect others to subordinate their current work routines in order to provide patient and family-centered, high quality interprofessional care.

Presenters
John Dent
University of Virginia Health System
Genevieve Beaird
University of Virginia School of Nursing

Authors
Abstract Number: 547

Abstract Name: Collaborative Practice in Integrated Health Systems

Category
Interactive Poster

Theme
Practice

Presentation Description
Integration across health systems has been accepted as a way to create better continuity of care for patients. Interprofessional collaborative practice (IPCP) is an important strategy to achieve this integration as it focuses on patient-centered care with improved communication and coordination across health care providers and the continuum of care.

The current study is part of a knowledge synthesis aimed to identify tools to measure progress towards health system integration. Health system integration was conceptualized as 16 distinct domains; we identified four domains as being highly related to IPCP and are thus the focus of this presentation.

Using a modified Delphi approach with health care experts, we identified 16 domains that measure important aspects of health systems integration. We found four domains related to IPCP: coordinated care transitions, intersectoral collaboration, patient and family involvement in care planning, and team effectiveness. For each of these domains, we conducted a systematic review of the peer-reviewed and grey literature to identify measurement tools. The review process included an abstract review, relevancy ratings, quality ratings, extraction, and audits. We only included tools from articles that were rated as mid-to-high quality.

We found 72 questionnaires and measurement approaches that measure elements of IPCP including interprofessional relationships and communication, team functioning, and patient/family focus.

Coordinated care transitions: We reviewed 438 abstracts and 196 articles and found 16 instruments that examined care transitions in contexts such as in-patient to primary care.

Intersectoral coordination: After reviewing 657 abstracts and 106 articles, we identified 13 instruments that examined collaboration between health care organizations and providers in other sectors including social services, community supports, and education.

Patient involvement: Following a review of 659 abstracts and 127 articles, we located 31 instruments measuring a broad range of dimensions such as patient centred care/experiences with care, patient satisfaction, quality of care, family involvement in care, shared decision-making/involvement with decision-making, satisfaction with decision/conflict with decision, communication, empowerment, and empathy.

Team effectiveness: We reviewed 240 abstracts and 89 articles and found 12 instruments that measured effectiveness of interprofessional teams involved in integrated health systems. Some instruments measured team effectiveness as perceived team performance, productivity, efficiency, and ability to complete their work. Others focused on factors that contributed to team effectiveness such as team cohesion, individual well-being, and use of resources.

The goal of integrated care is to provide high quality, efficient, and cost-effective care for patients. IPCP
is a key strategy to achieve this goal. As such, it is essential to have adequate tools to measure IPCP as it relates to integrated care. Without measuring and reviewing our progress, we are limited in our ability to optimize health outcomes for patients. Monitoring is an important feature of integrated health systems because it allows us to constantly strive for better interprofessional collaboration through coordinated care transitions, intersectoral coordination, patient involvement, and team effectiveness. The IPCP tools identified in this review enable us to measure the current state and identify the strategies and processes needed to achieve an effective and successfully integrated health system.

Presenters
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Arden Birney
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Maria Alice Dias da Silva Lima
School of Nursing, Universidade Federal do Rio Grande do Sul
Abstract Name: Achieving New Heights in Interprofessional Clinical Sites: Developing Core Models of Interprofessional Collaborative Practice

Category
Interactive Poster

Theme
Practice

Presentation Description

• Background/rationale:
Health professions programs within academic institutions routinely partner with clinical sites to provide students with practicum experiences in which they can practice discipline specific competencies learned in the classroom within a healthcare environment. Increasingly, health profession programs are challenged with how to implement interprofessional practicum experiences to meet the requirements of accrediting bodies to address interprofessional competencies and fulfill their discipline’s valuing of interprofessional collaborative practice as a means to achieving the triple aim (improved patient experience of care, improved population health, reduced cost/increased quality) and quadruple aim (improved provider experience). While health professions students’ preceptors are charged with an important role, provided with learning objectives and competencies, and may be assisted with the evaluation of student performance, there is rarely a standardized experience for participating students across multiple practicum sites. In fact, there is often a mismatch between interprofessional competencies taught in health professions programs and students’ experience of the degree and quality of interprofessional collaborative practice currently evidenced in community healthcare practicum settings.

To bridge this gap, it is important for health professions programs to identify and develop core interprofessional learning activities and common standards that can be successfully implemented across all interprofessional clinical sites, as well as facilitate the development of tailored interprofessional learning experiences that may be unique to a given setting. It is also important to develop interprofessional leadership skills, as students will ultimately serve as change agents upon entering practice, modeling and mastering the competencies of interprofessional collaborative practice for team members with lesser knowledge, skills, or experience in interprofessional collaborative practice.

• Method/methodology: Examples of interprofessional education and interprofessional collaborative practice (IPE/IPCP) activities were gleaned from a range of interprofessional clinical partner sites including primary care, outpatient clinic, transitional care, integrated care, and federally qualified health center sites.

• Results/outcomes: Core activities were developed and implemented across all interprofessional clinical sites. Additionally, tailored site-specific interprofessional activities were developed unique to the mission or role of individual sites. Core interprofessional learning components implemented across all sites include standardized interprofessional patient panels and student leadership development activities. Tailored interprofessional learning activities include site-specific projects focus upon social determinants of health through health literacy, co-active coaching, opioid addiction, and chronic disease self-
management strategies and interventions.

• Conclusions: Development of core interprofessional activities across clinical sites facilitates continuity and student mastery of interprofessional competencies across sites. Student leadership development is an important core IPE/IPCP activity to foster the development of effective healthcare teams who demonstrate mastery of interprofessional collaborative practice competencies in pursuit of the triple and quadruple aim.

Presenters
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Abstract Number: 551

Abstract Name: *Cultivating Teamwork Competencies through Peer and Faculty Feedback*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background:**
Effective teamwork is critical for Interprofessional Collaborative Practice and contributes to optimal patient care. To prepare learners for clinical practice, health profession programs must ensure students have the appropriate teamwork knowledge and skills prior to entering the fast-paced clinical environment. However, it is difficult to efficiently and accurately develop and assess evolving team performance. Previous studies have shown the value of faculty and peer assessment in fostering professional and team roles. At the University of Colorado Anschutz Medical Campus, the Teamwork and Collaboration Curriculum Committee (CU T&C) developed an evaluation rubric for formative and summative assessment of team performance in the Interprofessional Education and Development (IPED) course. This rubric is based upon the Team Development Measure© (TDM), which has been widely used to evaluate teams in clinical settings.

The purpose of this presentation is to describe the use of a rubric by both faculty and team members in a didactic IPED course, which employs Team-Based Learning (TBL) methodology. Participants include 90 teams of approximately eight first and second-year students from medicine, nursing, pharmacy, physician assistant, physical therapy, dental medicine, and anesthesiologist assistant programs.

**Methods:**
The CU T&C focused the assessment rubric on the four TDM domains of cohesiveness, communication, role clarity, and goals/means clarity while incorporating several essential TeamSTEPPS© communication tools. During the first of 16 sessions, faculty rated teams using the criteria of “not meeting”, “meets with limitations” or “meets expectations” based upon well-described anchors. To determine applicability of the rubric, faculty facilitators assessed 90 teams and provided feedback to allow teams to set goals for improved performance over the remaining 14 sessions. In the Capstone (Session 16), peer evaluators observed teamwork performance and provided verbal and written feedback using the same rubric. Because the peer evaluators observed one team throughout the encounter, they were able to capture real-time team function, provide constructive feedback, and encourage mutual accountability, which are valuable team skills.

**Results:**
Faculty reviewed the peer completed rubrics from the Capstone session, and 85 peer evaluations were included in analysis. Items most frequently rated as “meets expectations” were General Communication (95.3%), Cohesiveness (91.8%), and Role Flexibility (89.4%). In contrast, items with lowest ratings of
“meets expectations” included Debriefing (70.6%), Closed Loop Communication (64.7%), and Managing Conflict (55.3%). Based on the variability in responses, students did not appear to over-rate performance and most importantly, recognized areas for further improvement.

Conclusion
Peer evaluators successfully used a rubric to assess team function as it occurred in real-time. Because of the TBL structure, it is difficult for faculty to accurately gauge real-time team development and performance in all domains. Incorporating peer evaluators may allow faculty to focus on facilitation and coaching team development while providing students experience in teamwork assessment. As communication skills and conflict management were most frequently rated as “meets with limitations”, work is ongoing to reinforce these skills in interprofessional simulations with standardized patients using the TeamSTEPPS© communication tools.

Presenters
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Abstract Number: 556

Abstract Name: Making Interprofessional Education Impact! – Evaluating how clinical IPE works

Category
Oral Presentation

Theme
Education

Presentation Description

Background/rationale
Interprofessional Education (IPE) and Interprofessional Collaboration (IPC) have gained momentum in Canada. Students in the health professions train in collaborative care to become full health care team members on graduation. Students enrolled in health care education programs at the University of Toronto learn interprofessionally through the Centre for IPE-led IPE curriculum which includes interprofessional learning in both the academic environment and in practice across a range of settings, including hospitals in the Toronto Academic Health Sciences Network (TAHSN). Evidence shows that collaborative, client and family-centred care is essential to patient outcomes, health care provider satisfaction and system efficiency and yet, there is still a lot to learn about how IPE works in the clinical setting (IOM, 2015; Reeves et al., 2016). This Centre for IPE-initiated participatory research project examines the impact of IPE in the clinical environment of two TASHN hospitals, Holland Bloorview Kids Rehabilitation Hospital (Holland Bloorview) and the University Health Network (UHN). The primary research goal is to describe the value of IPE in the clinical environments of UHN and Holland Bloorview through the creation of a theory of impact of IPE.

Method/methodology
The research team is conducting a mixed methods study in three stages. The first stage (1) involves the Most Significant Change (MSC) research method (Davies & Dart, 2005) process in two parts. The first part (1a), involves primary data collection of the participants’ stories about the changes they notice following participation in a structured IPE clinical placement or the IPE Home Visiting program at Holland Bloorview or UHN. The second part (1b) involves the selection of the most significant change stories by key stakeholders. Then, in stage two (2), additional qualitative and quantitative data are collected retrospectively from existing sources, such as IPE program evaluation data which had been collected at each site following IPE activities. Finally, in stage (3) the research team comes together to review all data sources (most significant change stories and retrospectively collected data) to create a theory of impact of IPE using a collaborative, participatory approach.

Results/outcomes
Data collection of participants’ MSC stories (approximately 10 to 15) will occur this spring (e.g., IPE facilitators, students, preceptors, IP educators). Findings from the stakeholder selected MSC stories about the value of IPE in the clinical environment will be presented. The emerging program theory of impact of IPE will also be discussed.
Conclusions
The theory of impact generated by this study will inform the design and delivery of IPE education sessions in the clinical environment of the two sites, Holland Bloorview and UHN. The theory, while built based on data collected from two hospital sites, may also be of significance to others in the IPE and IPC community of practice, including health professional educators in both academic and clinical settings.

Presenters
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Abstract Name: *Utilizing Non-Traditional Partners in Interprofessional Simulations*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

**Background:** The Institute of Medicine released a report in 2010 calling for health professions to train students who are ready to practice in a patient centered, interprofessional health care team. As a result, the Interprofessional Education Collaborative was formed and it has now expanded to include 20 health professions. Creating meaningful, successful and innovative interprofessional activities can be challenging and time consuming.

One particular challenge faced by many health professions education programs is identifying interprofessional partners. At our health sciences campus, we have successfully implemented interprofessional learning activities by including non-traditional partners such as Dental Hygiene, Health Policy and Administration, Speech and Hearing Sciences, Nutrition and Exercise Physiology, Physician Assistants and Athletic Training students.

Using the Understanding by Design™ (UbD) (McTighe and Wiggins, 2003) framework, participants will interact with workshop participants from varied backgrounds in small groups and will design a successful interprofessional simulations by considering the perspective of of new partners. Effective simulations are planned “backward” using a 3 stage process (1) identifying desired results, (2) assessing evidence of learning, and (3) planning a simulation experience to meet desired goals.

**Engagement methods:** We will use a mixture of lecture and active learning to maintain group engagement. The opening activity will utilize “think pair share” and the main activity will use case based practice with debriefing.

**Session Outline:**

- **Opening Exercise:** 10 minutes
  - Share in small groups what partners are utilized for your simulations
  - Discuss as a large group some non-traditional partners

- **Overview Simulation Experiences:** 10 minutes
  - Share our experience from simulations utilizing non-traditional partners.

- **Theory Burst:** 10 minutes
  Present comparison of assessment tools available for interprofessional activities.

- **Overview of Understanding by Design framework:** 5 minutes
Active Learning: 5 minutes
In interprofessional groups of 4-5, participants will create a template for an interprofessional simulation following the UbD template (individual teams will be coached through the process by the presenters).

Active Learning Debrief and Questions: 10 minutes
Participants will share brief overview of their plans for an IP simulation with the larger group, with time for questions and feedback.

Presenters
Megan Willson
Washington State University College of Pharmacy
Brenda Bray
Washington State University College of Pharmacy
Barbara Richardson
Washington State University College of Nursing

Authors
Kevin Stevens
Washington State University College of Nursing
Abstract Number: 563

Abstract Name: Approaches for Preceptor and Practice Site Development to Facilitate Interprofessional Learning in Practice

Category
Symposia / Panel

Theme
Education

Presentation Description

Background
Contemporary training models must equip health professions’ students with the interprofessional skills needed to deliver safe and effective care within an interprofessional healthcare team. Classroom-based interprofessional curricula exist, but the emerging trend is development of intentional interprofessional practice-based experiences, referred to as interprofessional learning in practice. Since preceptors are jointly affiliated with both education and practice worlds, they can serve as a nexus to simultaneously transform interprofessional education and practice. In order to scale up current interprofessional learning in practice efforts, we need preceptors developed and practice sites transformed so interprofessional teams of learners can apply the interprofessional knowledge and skills they acquired in the didactic curriculum in “real world” practice settings.

There is an evidence-base for interprofessional faculty development, mostly focused on facilitation skills (Steinert 2005). Yet there is limited information in the literature regarding approaches and best practices for interprofessional preceptor and practice site development (Lie et al. 2016). There are many considerations for preceptor and practice site development to create positive interprofessional learning in practice experiences for the learners. These include the unique skills for interprofessional precepting, practice sites that adhere to enhanced team-based processes and team culture that becomes the hidden curriculum for interprofessional learning in practice.

Purpose
The purpose of this cross-institutional symposium is to describe a variety of approaches for interprofessional preceptor and practice site development and engage the audience around these or other approaches. The four preceptor and practice site development approaches that will be described were created in partnership with the National Center for Interprofessional Practice and Education, and include (1) the Preceptors in the Nexus Toolkit, (2) the Interprofessional Learning in Practice Workshops (3) the InSITE practice site development tool and (4) the Interprofessional Objective Structured Teaching Experience (iOSTE) simulation. An interactive discussion of all four approaches will include a description of the methods, implementation, outcomes, and lessons learned. The symposium will be interactive, practical, and include a hands-on activity. Participants will walk away with tested professional development approaches ready to be customized for their institutional needs.

Presenters
Sarah Shrader
University of Kansas
Brian Sick
University of Minnesota
Stephen Jernigan
University of Kansas Medical Center

Authors
Abstract Name: Determining the Impact of an Interprofessional Practice Experience on Patients

Presentation Description

Background
Experts recommend aligning interprofessional education and practice models to simultaneously transform healthcare to achieve the Triple Aim. Although the field of interprofessional education and practice is expanding, assessment of these models is needed to determine the impact on patients. The objective of this study was to evaluate the impact of an Interprofessional Practice Experience (IPPE) on patients, including population health outcomes and their experience of healthcare.

Methods

A traditional primary care clinic was operationally transformed into an IP training site where IP learners provide direct patient care as synchronous teams in the clinic or through home visits under the supervision of IP preceptors. The IP training site clinic cares for a cohort of 1000 patients and provides 100 patient appointments each week. A wide variety of professions participate in the IPPE and approximately 200 learners are exposed to the model each academic year. In addition to the IPPE, the learners also participate in an IP curriculum built to support and enhance the practice experience. Currently, the IPPE runs six half-days a week, including one half-day a week for IP curriculum. This IPPE was developed in 2011 and in 2014 became an incubator site for the National Center Innovations Network and data collection began.

The top three chronic disease diagnosis for the patient population include hypertension, depression, and diabetes mellitus. Health indicators for these populations were retrospectively collected before the IP clinic and during the IP clinic and include blood pressure (BP), Patient Health Questionnaire (PHQ) screening/score, and hemoglobin A1c (HbA1c). The patient experience of the IP clinic was also collected using three methods. Patient satisfaction surveys were administered yearly to a random cohort of patients, feedback was collected from a patient advisory board, and brief semi-structured interviews of a random sample of patients was conducted. A mixed methods approach using qualitative and quantitative methodologies was used. This study was approved by the Institutional Review Board.

Results

Data collection is currently ongoing and will be concluded by June 2017. Full analysis of results will be presented at the CAB VI Meeting in October 2017. Interim results have been analyzed for 493 patients seen during this time period and all health indicators are trending toward improvement when compared at baseline (pre-IP clinic) and 6 months (IP clinic). Statistical significance was achieved for two indicators. Patients with diabetes achieved improved BP control after 6 months of IP clinic compared to pre-IP clinic,
70% vs. 58%, respectively. Patients had improved PHQ depression screening after 6 months of IP clinic compared to pre-IP clinic, 39.7% vs. 6.4%, respectively. During this time period a random cohort of 39 patients completed a satisfaction survey and 85% and 87% agreed that an interprofessional team of students improved their care and were satisfied with the clinic visit, respectively.

Conclusions
An IPPE that intentionally aligns education and practice has an impact on patients. Determining the impact on patient population health outcomes and patients experience of care is important to inform the field of interprofessional education and practice.

Presenters
Sarah Shrader
University of Kansas

Authors
Jana Zaudke
University of Kansas Medical Center
Stephen Jernigan
University of Kansas Medical Center
Abstract Number: 566

Abstract Name: An Evidence-Based Program to Improve Patient Experience with Care Providers’ Diverse Accents and Cultures

Category
Interactive Poster

Theme
Practice

Presentation Description
Purpose: Effective communication is critical to the successful delivery of health care services. Experts estimate that medical errors claim about 98,000 lives a year (Kumar, 2008). According to JCAHO, over 60% of medical errors resulting in death or injury are due to errors in communication. Miscommunication caused by cultural and linguistic differences between healthcare providers and patients, and also within healthcare teams are a serious concern with impact on patient safety, hospital liability, and healthcare provider engagement, and revenue. This presentation discusses the findings of an innovative, evidence-based program developed to address this issue.

Method: The Doctors without Accent Borders Program, developed at the Cleveland Clinic, included skills-based effective speaking and effective listening training programs for the healthcare team to navigate cross-cultural barriers. An educational curriculum was developed, and the efficacy of the curriculum and training programs were tested through clinical trials conducted over a 5 year period. A pilot of 15 weeks included 46 members of the healthcare team (physicians, nurses, clinical researchers, research associates, and office staff), spanning 23 languages and 27 countries.

The curriculum focused on effective communication strategies for both native and foreign-speakers of English. Foreign-speakers of English were provided clear communication, fluency, accent management, and other effective speaking strategies. Conversely, the native, English-speaking health-care team members were provided listening training focusing on improving their listening of foreign accents and becoming more effective in understanding diverse communication patterns. The program focused on enhancing clarity and intelligibility of communication, while creating an inclusive communication environment that supported diversity.

Outcomes: Results showed qualitative and quantitative improvements in increased intelligibility across cross-cultural communication. Physicians reported increased job satisfaction, patient engagement, and team communication. A crucial outcome of this study focused on enhancing patient experience. To that end, patients reported increased satisfaction with provider and facility, safety, and follow-through of medical advice. Financial metrics showed measurable gains in increased productivity and improved patient satisfaction, with implications to improved HCAHP scores and reimbursement, and reduced hospital liability.

Conclusion: In light of the subjectivity and ambiguity in effectively managing cultural diversity, a program with objective outcomes-based metrics and training programs provides a useful evidence-based model for improved clinical education, employee management, and patient care. This presentation will help IPE
teams become more effective in an increasingly diverse environment, and also be better prepared to serve patients from a variety of language and cultural backgrounds. Hospital administrators will also benefit from learning about the findings of this innovative, evidence-based program.

Presenters
Amee Shah
Stockton University

Authors
Abstract Name: An Evidence-Based Program to Improve Patient Experience with Care Providers’ Diverse Accents and Cultures

Category
Interactive Poster

Theme
Practice

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Presenters

Amee Shah
Stockton University

Authors
Abstract Number: 568

Abstract Name: A Description of an Online Vodcast Series “How Do I Get Started with Interprofessional Education” as a Faculty Development Initiative for members and non-members of the American Interprofessional Health Collaborative

Category
Interactive Poster

Theme
Education

Presentation Description

Background
The American Interprofessional Health Collaborative (AIHC) is the first membership organization for educators committed to interprofessional scholarship in the United States. AIHC is positioned to reach educators from multiple health and health related professions and support their scholarship and academic success through building community and providing development, mentorship and leadership. A variety of membership programs have been created to fulfill these needs; one is an online vodcast series called “How Do I Get Started with Interprofessional Education?”

Methods
The vodcast series was created by AIHC and developed in partnership with the National Center for Interprofessional Practice and Education and representatives from the National Area Health Education Center Organization. The vodcast series was written, reviewed and recorded by a panel of experts in the field of interprofessional education (IPE) using a rigorous process. The series is a free member benefit for all active AIHC members. It is also accessible to non-AIHC members for a fee in order to achieve broad dissemination. The vodcast series is designed to be practical and user-friendly for individuals or teams of educators who are in the early stages of co-creating IPE. The series presents useful information based on prior experience, incorporates evidence where available, and connects to existing resources. In essence the vodcast series is a resource for anybody asking the question...“How do I get started with IPE?”. The vodcast is a series that includes 10 sections. Each section contains related modules between 7 to 15 minutes in length; designed to keep the attention of the viewer and accommodate busy schedules and utilize adult learning theory. It can be viewed in its entirety, or individual sections based on need and interest.

How Do I Get Started with Interprofessional Education? Vodcast Series Includes:
1. Introduction to the Series
2. Introduction to Interprofessional Education and Why It Matters
3. Organizational Structures and Support for Interprofessional Education
4. Theoretical Frameworks for Interprofessional Education
5. Designing Curriculum for Interprofessional Education
6. Assessing and Evaluating Interprofessional Education
7. Faculty Development and Rewarding Interprofessional Education
8. Innovative Teaching Strategies and Approaches for Interprofessional Education
9. Common Pitfalls and Challenges of Interprofessional Education
10. Creating Culture, Change, and Sustainability of Interprofessional Education

Results
The vodcast series is currently in production and is set to be released nationally in March 2017. An evaluation strategy for the series was also developed by the expert panel to determine reactions/satisfaction and intended use of the information by viewers. Data will be collected and analyzed from completed surveys administered electronically after the vodcast series. Results will be presented at the CAB VI meeting in October 2017.

Conclusions
There is a great need to build a learning community to provide development, mentorship, and create future leaders in the field of IPE. AIHC in partnership with the National Center for Interprofessional Practice and Education has created an online vodcast series so faculty and practitioners new to IPE can have a comprehensive resource on “How to Get Started with Interprofessional Education?”

Presenters
Sarah Shrader
University of Kansas
Jim Ballard
University of Indiana
Brenda Zierler
University of Washington

Authors
Abstract Number: 570

Abstract Name: Feasibility of Interprofessional Education to Support a Team Approach to Stroke Rehabilitation for Older Stroke Survivors and their Family Caregivers in the Home Care Setting

Category
Oral Presentation

Theme
Practice

Presentation Description

Background
Older stroke survivors often live with one or more chronic diseases(1). Managing the physical, social and psychological needs related to stroke in addition to other chronic conditions is a complex process that requires clients, their family members, and multiple health, social, and community providers to work collaboratively toward common goals (1). Interprofessional collaboration (IPC) can enhance patient safety and result in improved patient and provider outcomes.

Interprofessional education (IPE), is a necessary prerequisite for collaborative practice; yet, many providers working in the home care setting have not received formal IPE or training related to IPC(2). Without this preparation, providers lack a clear understanding of the meaning of collaborative practice. If providers are to practice collaboratively, they must know what it means and how to go about it. Ongoing IPE in the form of continuing professional development is recommended as one strategy to improve collaboration among home care providers.

However, providing IPE in the home and community setting is challenging because providers rarely work in a common location, often work in isolation, and spend much of their time driving to provide care to clients in their homes(2). New approaches to IPE for practicing health and social care providers working in home and community settings are needed.

Method
The IPE intervention was developed and evaluated within the context of a larger pragmatic RCT which evaluated the effectiveness of an interprofessional community navigation and rehabilitation intervention. A mixed methods approach was used to assess the feasibility, acceptability and preliminary effects of the 6 month IPE intervention.

The study was conducted within a Community Care Access Centre (CCAC) in Ontario. Participants included RNs, PTs, OTs, PSWs, and Care Coordinators (n = 41). The intervention consisted of three components: 1) standardized in-person training session on collaborative practice; 2) standardized training for Care Coordinators on facilitating collaborative practice; and 3) reflection on team collaboration with outreach visits. Data were collected at baseline, 2, 3, 4, and 6 months using validated questionnaires and a focus group at 6 months.

Results
The intervention and study methods were considered feasible. Participants engaged in study activities
including team reflections, completing questionnaires, and focus groups willingly. Over 80% of participants reported the intervention to be a positive learning experience, increasing their knowledge of IP competencies, and collaborative practice. Small, but statistically significant, differences were found in participants’ perceived level of collaborative practice between 3 and 6 months post-initial training. Participants also reported improved communication and collaboration within their teams, consistent communication with clients and families, and improvement in client care using a holistic approach. Providers described enhanced role understanding, new ways of working together, learning with and from each other, and they reported that they increasingly valued the expertise of all team members.

Conclusions
The results of this study provide preliminary evidence of the feasibility, acceptability and effects of the IPE intervention for a small sample of home care providers in Ontario. The IPE intervention was found to support collaborative practice in the context of a larger RCT.

Presenters
Sue Bookey-Bassett
McMaster University

Authors
Maureen Markle-Reid
Associate Professor and Canada Research Chair, School of Nursing, McMaster University
Jenny Ploeg
Professor, School of Nursing, McMaster University
Noori Akhtar-Danesh
Associate Professor of Biostatics, School of Nursing, McMaster University
Abstract Number: 571

Abstract Name: Medical students' perception of interprofessional education in King Saud University Medical College, Saudi Arabia

Category
Interactive Poster

Theme
Education

Presentation Description

Background: Collaboration between different health professionals is very important to provide an integrated, sustainable and high quality health care. Interprofessional education is essential to prepare health care graduates to be an effective member of a collaborative team who complement and complete the care provided with mutual respect to other professionals1. Academic institutions can implement IPE by using the power of individual champions, the support of senior administrators and by allocating appropriate funding for starting and maintaining IPE programs2. It is important to explore the perception of undergraduate and graduate students towards IPE activities and to measure the outcome of these activities to provide evidence of changing attitudes3. The aim of this study was to evaluate the readiness of the medical students at the College of Medicine, King Saud University for interprofessional education within the curriculum.

Methods:
A cross-sectional study was conducted using the 19-item Readiness for Interprofessional Learning Scale (RIPLS). The questionnaire was administered on-line to total of 1411 medical students, 819 males and 592 females, at King Saud University College of Medicine during 2016 academic year. The questionnaire explores differences in students’ perception and attitudes towards multi-professional learning. This questionnaire is divided into 4 subscales: teamwork and collaboration, negative professional identity, positive professional identity and roles and responsibilities.

Results:
There were 157 respondents, 89 (56.7%) were females and 68 (43.3%) were males. There were 32 (20.3%) first years, 34 (21.5%) second years, 23 (14.6%) third years, 27 (17.9%) fourth years, 22 (13.9%) final year students, and 20 (12.7%) interns. Thirty-seven students (23.6%) had a previous experience in interprofessional education. There was no difference in the perception and readiness toward IPE between students of different years of study. High percentage (80-90%) of participants showed willingness to collaborate with other students and to share learning to improve their working relationship and build trust. Only low percentage (11-25%) of the participants have a negative professional identity while 70-80% showed a positive professional identity. The subscale of roles and responsibilities showed blurring of professional boundaries among medical students and around 20-27% were not sure about their role in the healthcare team.

Conclusions:
In this study, we concluded that approximately 50% of our medical students have unclear vision about their role in the healthcare team, however they showed readiness to share learning with other healthcare students. In addition, the participants support implementation of IPE activities and they believe that it will improve their communication skills and teamwork competencies.
Presenters

Hana Alzamil
King Saud University

Authors

Mona Soliman
King Saud University
Kholood Alradadi
King Saud University
Othman Alhekail
King Saud University
Mosaed Aldakheel
King Saud University
Abstract Name: Intended and Emergent Learning Opportunities in Interprofessional Scenario-Based Simulation

Presentation Description

Background/rationale: Interprofessional (IP) scenario-based simulations present opportunities for students to learn with, from and about one another’s professional roles and to work collaboratively to optimize patient-centered care. Educators design simulations to achieve defined IPE learning objectives by configuring IP groups, providing pre-simulation orientation, selecting content, structuring tasks, providing tools and artifacts (e.g., a patient case sheet, a treatment plan template), and organizing post-simulation debriefs. However, the design features of a simulation do not determine the learning opportunities that actually unfold as students interact. Even highly-structured scenarios can yield unanticipated, or emergent, learning due to group dynamics and diverse interpretations of the situation by participants. This study examines the learning opportunities that emerge during scenario-based simulations to understand how they support or undermine IPE learning objectives. The findings may provide insights that can inform future simulation design.

Methods: Investigators used qualitative interaction analysis techniques to examine scenario-based simulations involving a standardized patient and nine interprofessional (IP) groups of medical, nursing, dental, pharmacy, physical therapy, and social work students. IP groups were videotaped in two 15-minute “huddles” focused on the case of a 75 year-old woman who recently fell and has multiple chronic conditions and a complex medication regimen. The first huddle allows groups to make acquaintances, review the case, and plan the patient interview. Following the interview, the second huddle provides time to develop a care plan. Using intended and emergent learning as analytic lenses, the investigators examined the relationships between specific design features and observed interactions (discourse, gesture, artifact use).

Results: The emergent learning opportunities identified in the huddles reinforce some aspects of the simulation but also introduce insights and questions for future design. First, the videos underscore a decision to create a simulated case with multi-factorial conditions that would, in principle, benefit from contributions from the whole IP group. All groups treated the case with seriousness (as “authentic”), although groups varied in the ways they defined and addressed problems. Second, some group variations reflected less “authentic” aspects of the simulation. For example, the “inauthenticity” of deciding the order in which group members would interview the patient resulted in uneven opportunities to learn how each professional would normally approach a similar patient and to practice coordinating roles. Third, some variations reflected explicit or implicit assumptions about roles and status hierarchies. For example, groups varied with respect to the role taken by medical students and how others perceived a physician’s role. Finally, groups varied in the extent to which the patient’s own concerns and goals
received attention.

Conclusions: These findings may leave educators feeling caught in a double bind. Simulation designers need to provide structure to focus IP learning while honoring authenticity and acknowledging that learning can go in directions never intended. Examining how intended and emergent learning opportunities manifest in practice highlights aspects of simulation-based interprofessional education that warrant further consideration for design implications.

Presenters
Bridget OBrien
University of California, San Francisco
Judith Little
UC Berkeley
Patrick Yuan
UCSF
Joe Cook
UCSF
Josette Rivera
UCSF

Authors
Abstract Name: *Can We Get Along?: Undergraduate Baccalaureate Nursing Students’ Attitudes toward Health Care Teams*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Purpose:** This presentation will provide a review of an exploratory study designed to assess undergraduate nursing students’ attitudes toward health care teams and evaluate if these attitudes have changed after completion of a nursing course focusing on health care systems from an interprofessional (IP) perspective.

**Background:** Competence in IP collaborative practice is a prerequisite for delivering safe, high-quality, patient-centered health care that promotes optimal health outcomes. Learning about, from, and with other health care disciplines is considered integral to developing effective health care teams. Historically, undergraduate nursing students’ attitudes toward health care teams in the context of varied IP learning experiences have been explored with mixed and differing results.

**Method:** A convenience sample of 116 undergraduate nursing students enrolled in a baccalaureate nursing program’s required health care systems course were invited to participate. Over the course of the semester, students in the course had the opportunity to acquire and apply knowledge, skills, and attitudes associated with select Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice. One course assignment required each student to shadow a health care professional from a discipline other than nursing. The Attitudes Toward Health Care Teams Scale (ATHCT) Quality of Care Subscale and the Team Understanding Scale (TUS) were employed via a pre-post evaluation study design. The TUS is a seven-item survey developed at the University of Kentucky to specifically assess IP learning activities as they relate to various Interprofessional Education Collaborative (IPEC) Competencies. Paired samples t-tests were conducted to compare mean scores.

**Results:** Ninety-five respondents (an 81.8% response rate) voluntarily participated in surveys at the beginning and conclusion of the course. There were no statistically significant differences between pre and post ratings of overall mean scores on attitudes toward IP health care teams. Select items in the ATHCT Quality of Care Subscale indicated nominal pre to post decline in means, likely due to a lack of learner perspective on the development of IP competencies. Positive mean shifts, while not statistically significant, were noted on the TUS individual item analysis indicating progress toward IP competencies.

**Limitations:** Limitations include convenience sampling, heterogeneity of the sample, small sample size, short-term longitudinal study design, possible influence of the Hawthorne effect, and the lack of evaluation of previous health care work experience.

**Implications for Interprofessional Education:** Health care outcomes are inextricably linked to the health care team. Educators need to create IP educational assignments and practice initiatives to enhance
students’ knowledge, attitudes, and perceptions about the importance and necessity of IP health care teams. Interprofessional education (IPE) should begin early in curricula and be closely tied to IPE learning outcomes. This study demonstrated that upon completion of an IP shadowing experience as an element of a required undergraduate nursing course, participating students were able to extend their knowledge of other professions and consider elements of team collaboration in health care settings. Incorporation of IP learning experiences within uniprofessional courses provides learners with opportunities to further develop IP competencies.

Presenters
Mollie Aleshire
University of Kentucky College of Nursing

Authors
Alexandra Dampier
University of Kentucky College of Nursing
Leslie Woltenberg
University of Kentucky Center for Interprofessional Education
Abstract Name: RN-Hospitalist Bedside Rounds

Category
Interactive Poster

Theme
Leadership

Presentation Description
Ineffective communication and collaborative practices between nurses and physicians have an impact on patient safety and nurses’ satisfaction. While recognizing the benefits of collaborative practice and teamwork, it is a challenging task to assure that the representatives of different professions talk and enjoy their interaction, because multiple factors need to be considered for this to happen.

One of the measures of effective collaboration and teamwork is providers’ own perception about collaborative practices. The literature shows that nurses generally are the ones who perceive collaboration and teamwork with physicians as poor. Nurses report that they don’t feel like their input is valued by physicians, and often don’t feel like they are being included in the discussions regarding patient care. After a literature search was done to answer the question “What interventions increase nurses’ perception of satisfaction with physician-nurse teamwork and collaboration,” the most frequent intervention was found to be interprofessional rounds. In addition, a combination of interventions, such as the use of communication tools, leadership support, and interprofessional training yielded the best outcomes.

The RN NDNQI survey results showed that nurses working at three Medical/Oncology units of a non-teaching hospital had low scores of nurses’ perception of collaboration and teamwork with physicians. In order to address such nursing perception of collaborative practices, a 12-week RN-Hospitalist Bedside Rounds guided by the communication tool was launched on January 18, 2017, as a prospective pre- and post-comparison pilot. Pre-implementation orientation/education of the main stakeholders and leadership support were included in the implementation process to achieve maximum results.

In general, nurses working on medical/surgical units have less frequent encounters with physicians due to the culture of low communication practice expectations, geographical dispersion, and busy workflow. Removing the barriers that impede nurses and physicians to effectively communicate with each other is one of the primary goals of this pilot.

Hospitalists are requested to call nurses to perform RN-Hospitalist bedside rounds. In order to facilitate the workflow of this process and to avoid having physicians walk to the Care Station to get nurses’ names and extensions, such nursing information will be available in EPIC (electronic health records). When physicians print their patient list, nurses’ names and phone extensions will be populated on that list for each patient. With nurses’ assignment at hand, physicians can call them from any location while on their way to see a specific patient, inviting to round together. In instances when nurses are not available to participate in the bedside rounds, hospitalists are still required to follow-up with the nurse regarding patient plan of care before leaving the unit. Hospitalists will use the STICC (Situation, Task, Intent, Concern, Calibrate) communication tool to structure their communication process. Survey methodology will be employed to evaluate the outcome of the intervention – nurses and physicians’ satisfaction with teamwork and collaboration.
Presenters
Lina Hawkins
Loyola University Chicago

Authors
Maureen Romeo
Northwestern Medicine Central DuPage Hospital
Frances Vlasses
Loyola University Chicago
Abstract Number: 577

Abstract Name: *Team Faculty Development on Collaborative Healthcare Teams: Techniques from Shakespearean Tragedy to IPE Reality!*

**Category**
Interactive Workshop

**Theme**
Education

**Presentation Description**

**Background/Rationale:**
Knowledgeable and skilled interprofessional educators are required to prepare individuals and teams for collaborative practice; therefore, faculty development leaders are key to the success of these initiatives. The Educating Health Care Professionals for Interprofessional Care (ehpic) faculty development course, consisting of five modules, was developed at the University of Toronto in 2005 to address this need. This workshop, based on one module of this established IPE leadership course, will provide a snapshot of how to prepare competent faculty development leaders. Through demonstrating one effective model of instructing faculty development educators to prepare colleagues for collaborative practice, participants will be able to talk the talk and walk the talk.

**Engagement Methods:**

The focus of this workshop is on Module 2: Collaborative Teams of this faculty development program that has been recently been revised. Then, an overarching conceptual framework for the session will guide participants through a series of activities that focus on narrative and experiential learning. Principles, challenges (including power and hierarchy), benefits and the value of reflection of collaborative teams will be illuminated as part of this parallel or play within a play faculty development process. Important design and logistical considerations in utilizing collaborative teams to best facilitate learning will also be highlighted.

Brief didactic teaching along with reflection and interactive small and whole group discussion, as well as experiential learning in the moment, will be utilized to share lessons learned and techniques used over the years of this faculty development module on collaborative teams. Participants will also be engaged in reflection and discussion around the application of these techniques in this situation and the application to their own contexts.

**Session Outline:**

**Agenda (38 minutes or 63% interactive):**

5 minutes – Introduction – Overview of Agenda and Outcomes (2 minutes) and Interactive Getting to Know You (3 minutes)
10 minutes – Overview of Course and Collaborative Teams Module Key Concepts - Didactic

10 minutes – Reflection and Small Group Sharing of Team Experiences

10 minutes – Collaborative Teams Module Key Concepts Continued - Didactic

15 minutes – Team Challenge DVD – Large and Small Group Discussion

10 minutes – Application to Own Setting – Reflection and Large Group Sharing

Presenters

Susan J. Wagner
Department of Speech-Language Pathology, Faculty of Medicine, University of Toronto

Denyse Richardson
Brain and Spinal Cord Program, University Health Network - Toronto Rehabilitation Institute; Royal College of Physicians & Surgeons of Canada; Division of Physiatry, Department of Medicine, Faculty of Medicine, University of Toronto

Authors
Abstract Name: Development of a Tool to Observe Behavioral Interprofessional Collaboration in Practice

Category
Interactive Poster

Theme
Education

Presentation Description
The healthcare team is comprised of a variety of health care professionals with the patient as an integral member. This culture change currently underway, from patients being treated by the primary care physician and nursing staff is the accumulation of social, economic and technological factors that are transforming health care at a rapid pace. Patient care is now a complex process that requires effective teamwork and collaboration skills between health care providers to provide safe, reliable, and high quality care. It is essential to incorporate interprofessional competencies for effective collaborative practice in the workplace environment as opportunities for learning and change that are part of workflow and practice.

Observing and evaluating teamwork behavior in health care settings is relatively infrequent and focus on a combination of technical and task-oriented skills exhibited by established intact teams such as rapid response teams, trauma teams, or operating room teams (Frankel, Gardner, Maynard & Kelly, 2007). For years, healthcare providers have been working in teams without much attention to defined observable behaviors to understand if they truly work interprofessionally or simply are a member of the team. The purpose of this behavior based evaluation tool is to provide a method of evaluating interprofessional collaboration in the daily clinical environment. The tool is developed based upon four competency domains identified in the IPEC Core Competencies for Interprofessional Collaborative Practice and includes: (1) Values/Ethics for Interprofessional Practice, (2) Roles/Responsibilities, (3) Interprofessional Communication, (4) Teams and Teamwork. In addition, it incorporates the behaviors utilized in the Communication and Teamwork Skills (CATS) assessment to measure health care team performance in the daily workflow of practice.

The evaluation tool has been given to nurse educators and interprofessional education faculty, for content validity, then organized into a one-page checklist, with areas for comments. Descriptions of behaviors are also provided for better understanding. The tool was presented to graduate students in the Master’s Teaching Nursing program, who serve as preceptors evaluating the performance of existing preceptors in the clinical environment. In Fall, 2016, the tool was piloted in a capstone clinical course. It will be repeated in the Spring 2017 Capstone course, in an effort to gain more data. A summary of the tool development, implementation and evaluation will be shared in the presentation.

Presenters
Julie Swindells
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Susan Cantarini
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Authors
Abstract Number: 581

Abstract Name: *Interprofessional Trainee Retreats: Worth the time in effective team-building, peer-teaching and program feedback*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background/rationale:**
The Seattle VA Center of Excellence in Primary Care Education (CoEPCE) aims to transform primary care education out of silos. Toward that end, students and residents in five professions in our primary care clinics, including internal medicine, advanced practice nursing, pharmacy, psychology and social work engage in interprofessional educational sessions and collaborative patient care. However, varying academic start times, program durations, and schedule constraints of the different professions can hinder relationship-building and collaboration between professions, and limit interprofessional orientation. Here we describe a recent innovation to overcome these obstacles: whole day, five-profession trainee retreats, which we have held early in the academic year for the past two academic years.

**Method/methodology:**
The goals of our trainee retreats include (1) promoting team building and networking among trainees within and between professions, (2) creating opportunities for peer teaching (3) reflecting on current CoEPCE curricular elements and (4) innovating and prioritizing future program developments. To plan the retreat, trainee representatives from each profession meet with a faculty member to formulate the day’s agenda and activities. These include ice-breakers/team building activities, large and small group breakout sessions, trainee quality improvement (QI) project presentations, and product development sessions, e.g. creation of mini-videos about CoEPCE. During the retreat breakout sessions, care is taken that trainees are randomly mixed into diverse interprofessional groups; and brainstorming notes are recorded and displayed electronically. At the end of the day, trainees review and “vote” on which of their brainstormed program innovations are highest priority. Faculty are present at the retreat but have a strictly observational role until brief reflection and observations at the end of the day.

**Results/outcomes:**
At the both retreats, the trainees reached consensus on high priority program innovations/improvements, including interprofessional patient care opportunities, education curriculum enhancement, and QI processes; the majority of which have been since implemented (table will be presented in the poster).
Trainees also created 5 mini videos illustrating the CoEPCE mission and/or demonstrating team based, interprofessional care. These videos will be used for recruitment and educational purposes.
On follow-up evaluation, trainees rated both retreats very highly; with 80% of survey respondents reporting retreat goals were fully met. They also noted enhanced relationships with other COE trainees.
and say they are more likely to collaborate across professions both in patient care and in QI projects.

Conclusions:
We have found interprofessional trainee retreats to be very effective in facilitating relationship-building and a greater depth of understanding of our CoEPCE mission, as well as providing constructive suggestions for future program innovations.

Presenters
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Abstract Name: *Seniors’ Community Hub—Enhancing Primary Care Collaboration for Frail Seniors Living in the Community*

**Background/rationale:** Frailty is a state of vulnerability that places individuals at increased risk for adverse health outcomes. The estimated number of frail elderly in Canada is 1.1 million and expected to rise over 2 million by 2035. Canadian data, including trends of rising burden of chronic diseases and fragmented care, has identified seniors as high users of health care services across the health system. Seniors’ care is one of the current priorities for our healthcare system necessitating a coordinated and comprehensive primary care approach to better manage frailty and multiple co-morbidities; and health care providers need to be supported in this endeavour.

The Seniors’ Community Hub (SCH) is an innovative model of care, created in partnership with the Edmonton Oliver Primary Care Network (EOPCN), to recognize frailty in its early stages and develop a care and support plan tailored to patient and caregiver’s goals and priorities. This primary care program aims to prevent functional decline of seniors living with frailty and improve care experiences for both seniors and their caregivers. These goals can be achieved by utilizing an interprofessional team based approach to care planning, enhancing geriatric competencies in primary care, and facilitating collaboration between interprofessional team members involved in the patient’s care.

**Method and methodology:** We used a developmental evaluation framework to guide the SCH implementation in primary care. The SCH process is operationalized in the Misericordia Family Medicine Centre and targets frailty among community-dwelling seniors who are 65 years of age and older. The components of the care process are: (1) Proactive case finding of seniors who are vulnerable and mild/moderately frail (as determined by Frailty Assessment for Care Planning tool) followed by assessment of needs and interprofessional care and support planning; (2) Chronic disease management nurse as case manager/navigator; and (3) Interprofessional team members using a shared electronic medical record. Collaborative Practice Assessment Tool (CPAT) is used to measure perceptions of collaboration by healthcare professionals providing care for vulnerable and frail seniors at the Misericordia Family Medicine Centre pre- and post-program implementation.

**Results/Outcomes:**
In the process of developing and implementing the SCH model of seniors’ care, several changes specific to interprofessional collaboration and education were made: (1) Developed a mentorship strategy with the geriatric specialty nurse providing education on holistic seniors’ care to the interprofessional team members; (2) Organized team case conferencing in order to ensure role clarity, explore team communication strategies (EMR, in person, etc.), and build trust and relationship between clinic staff and EOPCN specialists. These changes help to establish a high functioning team with geriatric expertise at the Misericordia Family Medicine Centre, and also can be used as a blueprint to guide implementation of...
similar initiatives in other primary care clinics.

Conclusions: This project has the potential to inform on standard of practice for frailty management within primary care. Findings will also contribute to the body of knowledge on team based integrated care for vulnerable populations, and on fostering interprofessional collaborative skills in primary care practices.

Presenters
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Abstract Number: 587

Abstract Name: Integrating research, education and practice in the development of an interprofessional educational program on healthy aging.

Category
Oral Presentation

Theme
Education

Presentation Description
Global health is a rapidly growing content area in health education1. Global aging is a growing area of study and practice2. For the first time in history, by 2018 it is expected that worldwide persons age 65 and older will outnumber those under age 53. Community Based Participatory Research aims to partner with communities to address healthy aging and management of chronic illnesses for program design and implementation; however, adherence and community uptake remains problematic. The Culturally-Informed Healthy Aging Program (CIHA) systematically partners with community members to identify health needs and use “cultural capital” and translational science to tailor best practices for culturally-informed assessment, programming and evaluation. This presentation will describe development of the Interprofessional Study Abroad Program on Capacity Building for Healthy Aging in the Caribbean, United States, and South India. Methods: Integrating Culturally-Informed Healthy Aging research strategies and multimodal educational learning methodologies, this course provides cross-national on-line discussions to prepare health professions and liberal arts students from diverse colleges to participate on an applied community capacity building for healthy aging program. After completing the on-line instruction provided by host professors and US professors, the students and faculty members travel to the study abroad site. Upon arriving in the field, the students then they take intensive courses from professors in the host country on history, culture, and health care. With direct mentorship from partners in the host community and U.S. faculty the students then learn and apply the principles of culturally-informed community health combined with disciplinary knowledge and skills to gain experience on further developing culturally-informed community interventions. Results: Thirty-eight students have participated in the program from Nursing (BSN, PhD, and DNP), Global Health, Dentistry, Liberal Arts, English, Informatics, Health Coaching, Athletic Training, Anthropology, and Social Work. Students report increased comfort in working with interdisciplinary students and professionals, addressing health disparities, ethnocentrism, and working with community members. Host community members report community member motivation for continued programming when working with students. Community projects have focused on local evidence-based programming for foot care, oral care, exercise, and nutrition in particular for those at risk for or with diabetes. Community outcomes include expansion to all (n=36) Health Centres with no amputations for program participants on one Caribbean island and to three communities and five public health centres in south India. Variables influencing program development and sustainability include cultural and community health assessment strategies, collaboration with community advisory boards, trust, shared purpose, time in the field, community engagement, faculty, partner and student participation, and measurable outcomes that make sense to all partners. Conclusions: Recommendations for interprofessional global health programs are discussed.

Presenters
Abstract Number: 589

Abstract Name: *A Tale of Two Sims: Collaboration to Inspire Collaboration*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Background/rationale:** Simulation is increasingly becoming a key component of both uni-professional and interprofessional health education programs. Interprofessional simulation experiences can provide both pre- and post-licensure learners with opportunities to practice not only profession-specific skills but also communication and collaboration competencies associated with effective interprofessional teamwork. For some time, the University of Alberta has collaborated with five other institutions in Alberta (the Northern Alberta Institute of Technology, NorQuest College, MacEwan University, Alberta Health Services/ eSIM North) to implement “Help Save Stan”, an intensive, full day of interprofessional team experiences for pre-licensure learners. In 2015, Dalhousie University in Nova Scotia opened its Collaborative Health Education Building with a new state-of-the-art simulation facility. Seeking to pilot an interprofessional simulation day similar to “Help Save Stan”, Dalhousie sought the help of colleagues at the University of Alberta to bring about an Eastern Canada version of this highly successful simulation event.

**Method/methodology:** In preparation for its first full-day interprofessional simulation event, Dalhousie University sent 3 faculty members to observe Alberta’s "Help Save Stan". The University of Alberta generously included these faculty members in a facilitation workshop and the actual simulation event and shared some of the "Help Save Stan" cases. Dalhousie University then formed its own interprofessional "Simulation Saturday" planning committee. Components of both simulation days included a facilitator training workshop, a variety of simulations covering a full spectrum of health and social care, opportunities for learners to participate in multiple simulations, facilitated debriefing sessions following each simulation and a debriefing session for the facilitators. Both universities conducted qualitative and quantitative evaluation of the events.

**Results/outcomes:** Feedback from students and facilitators at both events was overwhelmingly positive. In addition to rating "Help Save Stan" and "Simulation Saturday" as providing powerful learning experiences, students self-assessed their collaborative competencies as having increased. Facilitators provided positive feedback about both the facilitator training workshop and the opportunity to facilitate interprofessional simulation experiences. These intensive simulation events have also provided a model to faculty for incorporating more interprofessional simulation experiences into their courses. Faculty leaders at both institutions described the benefits of this type of open sharing in an age of competition and revenue generation/cost recovery and saw this as just the start of further collaborations.

**Conclusions:** The benefits of interprofessional simulation experiences for learners have been well-documented. The logistical challenges associated with bringing learners from different health professions together are also well-documented. An intensive, full-day experience can overcome some of these challenges and provide a rich set of experiences to learners and facilitators. The shared experiences of
two educational institutions at opposite ends of the country illustrate the added value of this type of collaboration.

**Presenters**
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University of Alberta  
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**Authors**
Abstract Name: Comparing the approach to IPE among rural community faculty and urban academic medical center faculty: A qualitative study

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Over the past three decades, educators and policy makers have promoted interprofessional health professions education (IPE) as a method to improve patient care and to restructure the ailing health care system. To date, most interprofessional learning experiences have been developed using lecture, simulations, and workshop formats,(1, 2) yet, students often find these experiences artificial.(3) There is increasing consensus that IPE should be integrated into clinical education settings or some other experiential context.(4) However, the lack of authentic clinical contexts for IPE is concerning given that most current health professionals were trained in a silo-based, system of care. This concern extends to rural practices where much of the experiential training occurs among some schools. Since rural practices have varying work conditions and resources, it is difficult to determine a universal framework for how IPE can be implemented in a rural health care environment. As such, it is important to understand better how interprofessional care differs in rural ambulatory versus urban academic health center settings. Accordingly, this project examined physician and pharmacist faculty members working in rural communities (CF) and compared them with urban academic health center faculty (AF).

Methods
A qualitative matched pair design using structured interviews was conducted to examine, first, differences and similarities between rural and urban models of collaborative practice and, second, how or whether it is intentionally approached with students. A Grounded Theory approach was utilized to identify themes via open coding and with the goal of not imposing preconceptions.(5) Thematic analysis was conducted by three researchers using transcripts. Each researcher individually coded the transcripts and then reconciled. Final reconciliation of coded transcripts was used as the foundation of the thematic data analysis. Themes emerged as outcomes of coding, categorization, and analytic reflection.(6) The Framework Method was utilized to facilitate constant comparative techniques through the review of data across a matrix.(7)

Results
The data identified shared interest in IPE among all groups. The groups differed, however, in their methods of teaching IPE. Some of these differences appear to be driven by the differences in nature of the two types of practices. There is some evidence that lack of preparation for teaching IPE is greater among rural community than among academic health center faculty members.

Conclusions
This study contributes to an important gap in the literature on IPE in two important ways. First, this study assessed actual interprofessional health care practices in both the rural and academic settings. Second, this study provided an avenue for evaluation of IPE and barriers through the lens of urban academic health care center faculty (AF) as well as community faculty (CF) practicing in rural settings. Understanding and navigating the barriers to IPE is the first step to improving both rural and urban training. Increased understanding of models of collaboration and methods for teaching team-based care provides the backdrop for preparing faculty to practice more collaboratively and to demonstrate this to students. This research is compelling and timely because it demonstrates the empirical utility of comparison groups when evaluating IPE practices.

Presenters

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James Norton  
UK Center for Interprofessional Health Education
Jesse Riddle  
UK Center for Interprofessional Health Education
Abstract Name: *Framing Interprofessional Leadership: Sharpening Our Lenses*

**Category**
Interactive Workshop

**Theme**
Leadership

**Presentation Description**

**Rationale:**
Interprofessional practice and education (IPE) leaders face unique challenges. There is a paucity of literature describing best practices and they rarely have resources or opportunity to try or consider alternative approaches, reflect on leadership preferences, receive feedback, and identify actionable steps for growth in this area.

Bolman and Deal (2014) describe a Four-Frame Model through which organizations can be understood and leaders can facilitate results. Depending on the circumstances, one frame may be more appropriate than another or several frames combined might be most successful. Informal peer feedback is a valuable resource in leadership development, particularly to support the implementation of alternative strategies. And the DEAL (Describe-Examine-Articulate Learning) model described by Ash & Clayton (2009) for critical reflection can help synthesize learning and personal application. This short but impactful interactive workshop brings together the 4-Frame Model, self-assessment, peer feedback, and critical reflection to help participants develop strategies to address contemporary challenges in IPE leadership.

**Engagement:**
After a brief orientation, participants will: 1. Complete an inventory to identify their preferred and less frequently used leadership frames. 2. Work in small groups to review a case vignette, describe the predominant frame, and consider the effect of using alternative frames on results. 3. Describe an experienced or observed leadership challenge, work in pairs to use the 4-Frame Model to formulate alternative approaches, role play, and exchange peer feedback. 4. Critically reflect on the workshop to describe its application to a deeper personal leadership challenge in IPE. 5. Debrief, focusing on synthesis of lessons learned and generalizable key action steps they can implement in their own settings.

**Outline:**
I. Welcome and Introductions (3 minutes)
II. Discussion: IPE leadership challenges (5 minutes)
III. Leadership Inventory (5 minutes)
IV. Analysis: Understanding the Leadership Frames (10 minutes)
V. Framing Exercise / Case Vignette (10 minutes)
   a. What is the desired outcome of the situation?
   b. What frame(s) are at play?
   c. How can the concepts, metaphors, and values of that frame be used to reframe the situation and resolve the problem?
d. What alternative frames could be used?

VI. Application (15 minutes)

a. Describe an IPE leadership challenge you have experienced or observed in the past.
  • Match with someone in the room whose leadership frame preference is different than yours.
  • Examine the situation. What specific leadership frames were or have been used? What have the outcomes been?
  • How could the concepts, metaphors, and values of that frame be used to reframe the situation and to resolve the problem?
  • What alternative frames could be used and how might that influence the outcomes?
  • Role play the situation using the one of the alternatives discussed. Exchange peer feedback about the experience. (We will provide a checklist participants can use to provide feedback on the role play.)

VII. Worksheet: Articulate Learning (5 minutes)

a. What did I learn?

b. How will I use this learning? What goals can I set to incorporate what I learned?

VIII. Debrief (5 minutes)

IX. Summary and closure (2 minutes)

Presenters

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Education Consultant and Facilitator
Andrea Pfeifle
Indiana University
Gail Jensen
Creighton University

Authors
Abstract Name: Novel Approach to Interprofessional Education

Category
Oral Presentation

Theme
Education

Presentation Description

Background: Health care professionals are increasingly required to collaborate within healthcare settings to improve patient care. Graduate professional accreditation requirements reflect this by incorporating educational standards related to interprofessional education (IPE) (AOTA, 2011; ADA, 2016). Implementation of IPE can be challenging as it places high demand on faculty time (Gilbert, 2005) and requires alignment of class schedules and finding classrooms that will accommodate large numbers of learners.

Teaching Goal: Design and implementation of an innovative model of engagement in IPE at the ‘exposure’ level of the learning continuum.

Method: For this pilot project we designed a three week hybrid IPE module for ten 2nd year occupational therapy and 3rd year dentistry students interested in pediatric practice. Students engaged in a learning experience designed at the ‘exposure’ level of the Indiana University Team Education Advancing Collaboration in Healthcare (IU TEACH) framework (Indiana University [IU], 2016). This multi-component module incorporated online and face-to-face interaction, and a service learning component at the Indiana University Purdue University (IUPUI) Center for Young Children. In efforts to evaluate the impact of this project, the students participated in summative assessments. They completed a pre- and post-survey regarding their knowledge of the other profession as well as perceptions of their own readiness for interprofessional learning and collaboration. This survey was based on the Readiness for Interprofessional Learning Scale (RIPLS) (McFadyen et al., 2005). In order to measure the effectiveness of the collaborative activity mid-project, students engaged in immediate debriefing using a plus/delta format. After the debriefing, the students engaged in professional reflection based on the DEAL Model for Critical Reflection (Ash & Clayton, 2004).

Results: Both student groups reported increased knowledge of the other profession as well as increased confidence in working with other health professions after this experience. Additionally, students reported an increase in positive attitude toward other health professions, and they placed increased importance on learning, collaborating, and communicating with other health professions. When asked to describe the roles and responsibilities of the other profession, students in both groups had more in-depth understanding after the experience compared to before.

Discussion: This hybrid module utilizes a competency-based scaffolding approach which starts the process of learning to collaborate at a foundational level upon which higher levels of interactions will be built. Utilization of instructional technology at least partially eliminates difficulties in scheduling and demand on faculty, which are common barriers to interprofessional collaboration in education (Gilbert, 2005).

Implications for Future Scholarship of Teaching and Learning: This project should be replicated with more and possibly larger groups and a variety of health professions students. Building on this experience with activities designed to engage students at the next levels of the IU TEACH model (2016),
immersion and entry to practice, is a logical next step.

Presenters

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Abstract Number: 610

Abstract Name: Me to We for IPC

Category
Oral Presentation

Theme
Leadership

Presentation Description

Background/rationale
Interprofessional Education (IPE) is commonly designed by IPE experts and based on interprofessional competencies. We recognize these as critical success factors and believe we can design and deliver more meaningful IPE by embracing creativity, innovation and customization. We turned to the literature and our own experiences to incorporate three unique concepts into our IPE design, all of which recognized the importance of individuals ("me") in creating collaborative teams ("we"): 1. Having participants (healthcare team members) collaborate with IPE experts in designing the IPE, thus building a culture of collaboration; 2. Ensuring the IPE focused on individuals’ strengths, thus creating team leadership by recognizing that individual strengths when brought together create a robust team; and 3. Providing 1:1 strengths based coaching to the program manager thus creating a sustainable culture of collaboration and team leadership, though the manager’s strengths based leadership style.

Method/methodology
Needs were assessed by collaborating with a working group comprised of a subset of participants and gathering individual participant responses using the Queens University Office of IPE and Practice – Collaborative Practice Assessment Tool (CPAP). The key features of the one day IPE session were designed collaboratively by IPE experts and the working group. Additionally one participant remained involved throughout the entire design process, ensuring all details aligned with the needs of the healthcare team. The needs assessment identified five themes related to IP competencies including: respectful communication; conflict management; trust; team cohesion; and adaptability to change. Given the underlying importance of self-awareness, vulnerability, mindset and recognition of strengths’ in oneself and others related to these five themes, the StrengthsFinder2.0 Assessment was introduced. The results for all team members were then shared and activities to better understand strengths were a main component of the IPE. To build sustainability for ICPC 1:1 strengths based coaching was provided to the program manager before the retreat, and on an ongoing basis following.

Results/outcomes
Participant feedback indicated the IPE was highly meaningful with an overall rating of 4.4/5 on a scale from 1 (very poor) to 5 (excellent) (n=24) and that an appreciation of “Strengths” was the key take-away for approximately 50% of participants. Further, feedback demonstrated IPCP sustainability through comments such as “[I’ll] look more towards strengths in dealing with difficult situations”, “[I’ll] be curious, not critical” and “We can work together...we need to, to provide the care for our patients”. The impact on IPCP will be further assessed with the re-administration of the CPAP six-months post-IPE delivery.
Conclusions
Interprofessional competencies are the basis of IPE, but introducing creativity, innovation and customization to the design process creates highly meaningful IPE, relevant to one’s work environment.

It is evident from participant feedback that:
- including participants in the IPE design process;
- ensuring that individuals have a good understanding and appreciation of their own strengths and the strengths of their colleagues; and
- building a process for IPCP sustainability
were highly effective strategies for meeting the needs of the participants and fostering IPCP through a culture of collaboration and team leadership.

Presenters
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Authors
Abstract Number: 613

Abstract Name: *The Evolution of Interprofessional Education: The Jefferson Health Mentors Program Celebrates 10 Years*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Background/rationale: Interprofessional Education (IPE) should support the goals and accreditation standards across health professions. Implemented in 2007, the Jefferson Health Mentors Program (HMP) is a longitudinal program involving first- and second-year students from medicine, nursing, occupational therapy, physical therapy, pharmacy, couple and family therapy, physician assistants, and medical laboratory sciences. 4,727 students completed the HMP as of Spring 2016 and 1,407 are currently enrolled. Student teams complete four modules over two years in partnership with a health mentor, a community volunteer. At a time when both medical and nursing programs are undergoing significant curricular reform, inclusive of shortening preclinical time for medical students, HMP has evolved using an iterative process of continuous quality improvement (CQI) to maintain relevance and accommodate changing programmatic needs.

Method/methodology: As part of recent quality improvement efforts, a HMP workgroup was assembled and met with key stakeholders from the participating professions to examine program evaluations and solicit ideas for how HMP could continue to support and enhance the objectives for all disciplines.

Results/outcomes: Workgroup findings revealed that the HMP curriculum should focus on social determinants of health, an underdeveloped area of curriculum in most programs. The workgroup identified that the HMP was uniquely situated to address this curricular gap, specifically because it includes a home visit and a person-centered approach to partnering with health mentors. Comprehensive feedback led the workgroup to recognize that teamwork skills should be addressed intentionally throughout the program.

HMP’s overall goals were revised to align with what the experience provides learners. The objectives for modules were directly derived from the goals. HMP was shortened to three modules to accommodate the shortened preclinical program of medicine. The theoretical framework of the curriculum was changed to the Social-Ecological Model (SEM). The first module is an interview with the patient, grounded in the individual and relationship SEM levels. The second module is a home visit, with emphasis on 1) reviewing the community, 2) identifying the health mentor’s social networks and relationships and 3) developing a wellness goal with the mentor grounded in observed social determinants. The third module emphasizes broader SEM policy levels.

Preliminary evaluation results are positive. Ninety-five percent of students who completed the Module 1 evaluation agreed or strongly agreed that the visit with their Health Mentor contributed to their
achievement of course goals and objectives. Eighty-eight percent of students agreed or strongly agreed that the team assignment contributed to the goals and objectives. The compiled response rate for Module 1 evaluations was 55%.

Conclusions:
There is growing evidence to support the importance of social determinants as they relate to the health and wellness of individuals and their communities. This perspective is underdeveloped in most program curricula. The HMP’s curriculum revision accentuates the social determinants of health within the context of the health mentor. CQI is critical to IPE innovation. As stakeholders’ needs change, programs must be nimble and address evolving objectives, requirements and goals.

Presenters
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Abstract Name: *Reconnecting the Mouth to Medical Education*

**Presentation Description**

Imagine a medical education curriculum that excludes the heart, lungs, eyes or ears. As absurd, as this sounds, that is exactly what has happened to the mouth. With few exceptions, the education and training of oral health professionals rests solely within the dental profession.

The absence of oral health education and training in medical education, has resulted in providers who are poorly equipped to diagnosis, treat, refer and collaborate on matters of oral health and disease. The mouth has been referred to as "the mirror" to rest of the body. It's reflection, represents the body in a state of health and disease. There is a growing body of evidence, that poor oral health can initiate or perpetuate cardiovascular disease, respiratory infections and diabetes. Given the fact, that as we age, most people are likely to have a medical and not a dental visit in a given the year. The importance of oral cancer screening and early detection, rests largely on the medical provider. Medicine focuses on optimum health care outcomes, through disease prevention and management. How can we expect optimum outcomes, when something is missing?

The purpose of the interactive workshop, will be to create a collaborative session, focusing on interprofessional education, collaboration and integration of a oral health curriculum into medical education. The session will reach beyond oral health education, as the discussion will be applicable to other interprofessional educational endeavors.

The following outline will provide a framework for audience engagement:

I. Making the Case or "Selling It"
   a. Oral Health and Medical Education...where are we?
   b. Recognizing the importance of medical education reconnecting the mouth to rest of the body.
   c. Benefits of integration

II. Over Coming Obstacles
   a. Identify key challenges for integrating oral health into a learning environment
   b. Identify opportunities to mediate the challenges

III. Vision to Reality..."Putting it Together"
   a. Resources
   b. Development
   c. Realistic Expectations
   d. Outcome Measures

The Virginia Tech Carilion School of Medicine is in its sixth year of educating and training future
physicians, about the importance of oral health and how to incorporate it into their daily practices. The curriculum is robust, which the American Dental Association cited it as a "ground breaking program in interprofessional collaboration". To stimulate audience participation, successes and failures of the Virginia Tech Carilion School of Medicine curriculum will briefly be presented. We will engage the audience through Q&A and expand the discussion through the audience's knowledge and experience in interprofessional collaborations.

**Presenters**

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**Authors**
Abstract Name: Psychometric Validation of the modified Comprehensive Assessment of Team Member Effectiveness tool for Health Science graduate students

Background: The Comprehensive Assessment of Team Member Effectiveness (CATME) tool was originally created for assessing team effectiveness among undergraduate students. The original tool consisted of five competencies including contributing to teamwork, interacting with teammates, keeping team on track, expecting quality and having relevant teamwork knowledge, skills and attitudes. The aim of this study was to psychometrically validate CATME with the first three competencies among pre-licensure health science students.

Methods: CATME allows for anonymous online peer evaluation of self and team competencies and behaviors. As a component of a required longitudinal inter-professional service-learning program for first year health science students, participants were required to provide peer feedback to members of their teams. Teams are comprised of four students from different professions. As a team, the students are tasked with visiting a family in the local community family to address a specific health related needs and experience social determinants of health from a patient perspective. Team members assessed themselves and their peers across three different teamwork competencies: 1) Contributing to the Team's Work, 2) Interacting with Teammates and 3) Keeping the Team on Track. The assessed competencies were scored on a five-point likert-scale. These ratings were summed to provide a composite score for each of the competencies which could range from five to 20. In addition, team members provided feedback about team satisfaction with a five-point likert-style (strongly disagree to strongly agree) responses to the following prompts: I am satisfied with my present teammates; I am pleased with the way my teammates and I work together; I am very satisfied with working in this team. Face/content validity, internal consistency, test retest reliability (formative and summative) and concurrent validity against team satisfaction was conducted.

Results: 696 students from nine different health science professions completed peer evaluations at two time points - formative and summative (December’ 14 and March’ 15) respectively. List-wise deletion was performed on whole teams to avoid skewed data from missing responses from any team member. Following list-wise deletion, a total of 516 responses with one self-evaluation and three peer evaluations remained at two time points (74.1%). Results showed no significant differences among the various health science professional majors. Strong face validity was observed ($\alpha=0.85$). Reliability analysis of data shows high internal consistencies (summative $\alpha = 0.87$ and formative $\alpha = 0.95$). Team satisfaction showed high reliability in this sample (summative $\alpha = 0.94$, formative $\alpha = 0.98$). Test retest reliability showed moderate correlations ($0.370$, $p=0.00$). Concurrent validity with team satisfaction was
established with moderate correlations (formative = 0.39 p=0.00; summative = 0.24 p=0.00).

Conclusion: Results confirm validity of the modified CATME in graduate health science students. The CATME tool could be a useful peer assessment measurement and feedback mechanism for interprofessional teams.

Presenters
Amy Blue
University of Florida
Erik Black
University of Florida

Authors
Abstract Number: 617

Abstract Name: The Impact of Interprofessional Education in a Community Setting on Student Learning and Attitudes: A Pilot Study

Category
Interactive Poster

Theme
Education

Presentation Description
Interprofessional education occurs when two or more professions learn about, from, and with each other to facilitate effective collaboration and improve health outcomes (WHO, 2010). Silos of health care education exist throughout our universities, yet we expect our healthcare professionals to work together in medical centers and hospitals. Breaking down educational silos and learning together can improve teamwork and communication. An interprofessional team consisting of faculty from the University of Michigan schools/colleges of Nursing (undergraduate), Physical Therapy, Pharmacy and Medicine with support from the University of Michigan Center for Research on Learning and Teaching developed an interprofessional community based learning experience for students from these schools. An interprofessional course in the College of Pharmacy focusing on service learning already existed, but there was limited involvement from schools outside of Pharmacy. As part of this course, students participate in 8 learning sessions which discuss the Social Ecological Model of Health, and spend 20 hours in a community organization providing service. The goal of the interprofessional faculty was to utilize an already existing community partnership, with Meals on Wheels, modify the community interactions, and determine the impact on student learning. This approach is consistent with the National Academies of Sciences, Engineering, and Medicine (2016) to educate health professionals regarding the social determinants of health, by engaging students through interprofessional projects in and with communities. Previously, students who were assigned to Meals on Wheels performed nutritional assessments of their clients. These health assessments were given to the director of Meals on Wheels and no other information was provided. In this program, up to 20 students in this IPE class will conduct up to five nutritional assessments with their same professional peer colleague and thereafter will conduct up to five nutritional assessments partnering with a different profession peer colleague. A mixed method approach using an Interprofessional attitudes scale, pre-and post- experiment and a focus group reflecting on the overall semester. In terms of evaluation, all students (n=65) in the course will complete the Interprofessional Attitude Scale (IPAS) at the beginning and end of the semester-long course. Students completing the nutritional assessments will be asked to participate in a focus group to examine their experience with the same profession versus different profession assessment activities. As well, all students will complete a reflection asking them to consider their inter-professional experiences in the course in terms of the social ecological model, with a focus on cultural intelligence. We will compare themes from the students completing the nutritional assessments with a sample of students from the remainder of the class.

Presenters
Leslie Smith
Authors

Amber Dallwig
University of Michigan School of Nursing
Joseph House
University of Michigan School of Medicine
Karen Farris
University of Michigan School of Pharmacy
Tazin Daniels
University of Michigan Instructional Consultant Center, for Research on Learning and Teaching
Abstract Number: 619

Abstract Name: *Everyone knows what’s happening: A decision guide model of interprofessional care and planning*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**
The implementation of a decision guide model of care was developed and implemented in the mental health and chronic pain outpatient programs at St. Josephs Care Group in Thunder Bay. This interprofessional model has engaged clients in collaborative informed decision making regarding their treatment. Literature and research on decision coaching, system navigation, and informed decision making informed the model. Decision coaching had been implemented in other areas of health care but an interprofessional approach to care planning was missing, and it had not been implemented in mental health care or in chronic pain.

The decision guide model was developed over the past several years and it includes strength based, self management, and holistic approaches to care. These approaches assist clients in building upon what is going well in their lives, having a sense of agency and mastery in achieving goals for treatment, and it incorporates a biopsychosocialspiritual model of care.

Clients attend a Welcome Workshop where they learn about the services, provide consents and complete pre-treatment measures. They are then paired with a non-judgemental decision guide who they can share their needs and concerns with, who will assist with reducing barriers to treatment, and who facilitates referrals to appropriate services in a timely manner. The decision guide utilizes motivational Interviewing, narrative, and solution focused practices to assist clients with establishing SMART goals, and informing the treatment and interprofessional care they will receive.

An interprofessional care plan is developed which demonstrates the journey of the client throughout their care. It allows clinicians to document in one place in the electronic medical record so that everyone knows what is happening, who is involved in the care plan, what the client goals are, and how the client is doing overall. It captures their level of success in meeting established goals, the evidence based treatment and services which are targeted to assist them with their goals, and further documents the overall outcomes, recommendations, and needs for transitions in care. The client is provided with their goals and care plan strategies so they are clear on what they are receiving and what their rights and responsibilities are. This model has reduced no shows, ensured that clients receive the right care in a timely manner, it has improved communication with the client, and between clinicians, and it has also improved overall outcomes and satisfaction.

This workshop will discuss the implementation of the model, the philosophical approaches employed, and evidence based practices involved. It also will highlight historical challenges, lessons learned, current challenges and overall benefits of the decision guide model of care. Its applicability to other areas of health care and how it can be modified will be discussed.

**Presenters**
Abstract Name: What are the experiences of practitioners from different professional cultures on an interprofessional team?

Category
Interactive Poster

Theme
Practice

Presentation Description

Interprofessional Healthcare has been proven to increase patient outcomes and decrease costs. There is a massive movement to incorporate interprofessional healthcare collaborative practice in many different healthcare organizations and health systems. The literature states one of the biggest barriers to effective interprofessional teamwork is professional culture. Hall (2005) identifies professional culture as “the social heritage of a community, the sum total of the professions, ways of thinking and behavior which distinguishes one group of people from another and which tend to be passed down from generation to generation” (p. 188).

Health professional cultures are a function of beliefs, values, customs and behaviors. Values lie at the core of all human behavior and their also expressed in every decision that humans make (Schwartz, 1994). Personal development of values is affected by culture, education, and experience. Professional values are a set of expectations that each member must meet and are based on what the professional group has agreed upon one deciding to embark on this profession (Mitchell, 2012). These professional cultures contribute to the challenges of effective interprofessional teamwork and communication. The presentation describes a mixed-methods investigation on a rehabilitation clinic healthcare team’s Interprofessional culture. Single and group interviews of health providers on a diverse team composed of a physician, psychologist, and two physical therapists were conducted. The Interprofessional Implicit Association Test was also distributed to quantify the professional culture experiences of the providers. The assumption was that the providers on the healthcare team would have fewer biases towards the different health professions because they work consistently in a collaborative manner.

The results of the investigation allowed the speaker to conclude that each healthcare profession has their own values, beliefs, personality traits, clinical roles, which makes them unique. After clinical team members collaborate on interprofessional teams, it is inevitable that their professional cultures will begin to blur. The speaker will discuss ways to promote interprofessional cultural competence and reveal the best approaches to combating cultural division on healthcare teams. The new term “Interprofessional health Care team culture” will also be defined. Strategies on how health professionals should preserve their professional identity during interprofessional clinical interactions will be provided.

Presenters
Iredia Olaye
Doctoral Student/ Independent Researcher/ AIHC Program Committee Student Member
Authors
Abstract Number: 625

Abstract Name: *Using Individual and Team Tools to Quantify Interprofessional Team Behaviors*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background:** Interprofessional collaborative practice (IPCP) is essential to addressing the healthcare needs of the growing older adult population. Effective interprofessional (IP) practice models and team behavior assessment tools are needed to effectively implement IPCP. The Geriatric Interprofessional Teaching Clinic (GITC) incorporates learners from six professions to provide an IPCP model. We utilized two tools to evaluate critical components of an IPCP model, the learners and the IP care teams.

**Methods:** The intervention emphasized the students’ reflections throughout their GITC experience. Learners’ IP behaviors were evaluated in regards to key areas of IP skills needed for effective collaboration through team, faculty, and self-assessments. The GITC Standardized Patient Encounter Evaluation Rubric (SPEER) was designed to evaluate the IP team in regards to their ability to work as a team, identify their roles and responsibilities, and develop a patient-centered care plan when providing direct patient care. Learners were introduced to the SPEER during orientation. Students and faculty evaluated their team performance via the SPEER during their first day (“early”) and final week (“late”) in the GITC experience. The faculty indirectly observed the encounter via a live-feed video system and completed the SPEER. The team and faculty debriefed on their findings at the end of the encounter. Learners completed an online individualized self-assessment of their IP competencies using the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) at the beginning and end of their GITC experience. The SPEER and ICCAS progression was tracked throughout the GITC experience.

**Results:** Results from Dec. 2015-January 2017 included SPEER evaluations from eight “early” and nine “late” teams of students and faculty were evaluated. Respondents were from medicine, pharmacy, physical therapy, occupational therapy, social work and dietetics. No statistically significant changes were noted between the student’s “early” and “late” SPEER evaluations. However, statistically significant changes from “early” to “late” were noted in faculty surveys for improvement in the team’s ability to: 1) determine roles during the pre-encounter brief, 2) have an organized approach, and 3) address the patient’s social determinants of health. Faculty surveys noted statistically significant regression in team skills in the team’s ability to: 1) explain to the patient each member’s role, and 2) explain the team-based visit to the patient. The pre and post-ICCAS surveys from 2014-16 were completed by 80/292 (27%) learners and showed statistically significant improvements in the students’ perceived ability in all six IP domains during the course of their GITC experience.

**Conclusion:** Faculty may be able to identify growth in student teams’ ability to perform key IPCP team skills through the use of a standardized tool. These skills may not be readily understood by the
students at the time of the evaluation, however when reflecting on the entirety of the experience they report improved self-competency in these skill domains.

Presenters
Crystal Burkhardt
University of Kansas
Shelley Bhattacharya
University of Kansas Medical Center
Stephen Jernigan
University of Kansas Medical Center
Dory Sabata
University of Kansas Medical Center

Authors
Myra Hyatt
University of Kansas Medical Center
Laura Zahner
University of Kansas Medical Center
Heather Gibbs
University of Kansas Medical Center
Abstract Number: 626

Abstract Name: Leveraging the Preceptor Room for Interprofessional Collaboration: Integrating Psychology into Team-Based Care

Category
Interactive Poster

Theme
Practice

Presentation Description
With the recent 2016 update to the Core Competencies for Interprofessional Collaborative Practice (Collaborative 2016) and the addition of the American Psychological Association (APA; American Psychological Association, 2016) to the Interprofessional Education Collaborative (IPEC), there is a growing emphasis on the integration of psychology into primary care settings. Recognizing that approximately 60% of primary care visits stem from psychosocial problems (Robinson & Reiter, 2007), working to provide access to behavioral and mental health services in primary care encourages patient-centered care. To this end, training programs are increasingly challenged to promote interprofessional training opportunities that facilitate integrated and patient-centered health care. At VA Puget Sound Health Care System, we recognize the benefit of interprofessional training that occurs within a shared physical space and have integrated psychology services into the primary care clinic medical preceptor room as part of our medical residency training program. The method of integration involved designating physical space for a psychology fellow within the preceptor room; introducing medicine, pharmacy, and nurse practitioner residents formally and informally to psychology services; and encouraging preceptors and residents to engage in frequent conversation/consultation. We are tracking psychology service utilization data specific to frequency of warm hand-offs and consultation, types of referring concerns, and discipline of referring provider; we plan to use our data to further improve integration and will present results. Using the primary care clinic medical preceptor room for team-based care has presented challenges (space, frequent rotation of residents, referral process confusion) and benefits (increased access to psychology, improved understanding of psychology services available, care management discussions, quick case consultation and care management, warm-hand offs, more seamless patient care). Embedding psychology within the same physical space has facilitated opportunities to brainstorm and develop increased collaboration (e.g., shared medical appointments with pharmacy for hypertension and diabetes) and provide our trainees with a truly interprofessional training experience while further promoting improved patient-centered care. In conclusion, we identify practical considerations for integrating psychology into a primary care clinic medical preceptor room and highlight strategies to further interprofessional collaborative education and practice.

Presenters
Mary-Catherine Kane
VA Puget Sound Health Care System
Anne Poppe
VA Puget Sound Health Care System
Authors

Mari Yamamoto
VA Puget Sound Health Care System
Mary-Catherine Kane
VA Puget Sound Health Care System
Anne Poppe
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Abstract Name: IPE in the ICU: A Neurology Clerkship Experience

Category
Interactive Poster

Theme
Education

Presentation Description

Background: Bringing large groups of interprofessional learners together for bedside teaching in an intensive care unit is challenging for many reasons, not the least of which is disruption to patient care. As a result, we have created an interprofessional education (IPE) activity that, instead, brings intensive care patients to the students in a virtual manner. This activity was developed when it was noted that there is overlapping placement in the Neurology Intensive Care Unit (ICU) of medical students completing required neurology clerkships and nursing students completing required ICU clinical experiences.

Methods: Prior to each scheduled monthly IPE activity, an intensive care staff nurse identifies three patients admitted to the Neurology Intensive Care Unit (ICU) who will require care from a multidisciplinary team. The nurse de-identifies the patients’ history and physical examination information at the time of admission and provides this information to interprofessional student teams. Student interprofessional teams are tasked with creating an interdisciplinary care plan for the patient.

Results: Medical students from our institution, nursing students from three different programs, as well as learners who have experiential training at our hospital from occupational therapy, physical therapy, pharmacy, and the chaplain programs participate in this activity each month. By observing student interactions, we developed a rubric to assess interprofessional competencies for each participant and have implemented this assessment and feedback rubric across several other IPE activities. Unsolicited feedback from faculty/staff from multiple facilities has indicated that interprofessional learners are transferring the interprofessional behaviors and skills from this IPE encounter to other clerkships/clinicals where they have begun to collaborate across student disciplines in other settings in ways that directly impact patient care. Student feedback is largely positive about this experience; their reflective comments indicate new realizations pertaining to the importance of interprofessional communication, roles of other disciplines, and the need for collaborative care.

Conclusions:
Intentionally-designed interprofessional education experiences that have direct and immediate applicability to patient care are not only well-received by students, but also allow students to immediately transfer interprofessional skills and behaviors to other types of patient care experiences.

Presenters
Kelly Karpa
Penn State College of Medicine
Authors

Nicole Sunderland
Penn State Milton S. Hershey Medical Center
Gary Thomas
Milton S. Hershey Medical Center
Abstract Name: The Laboratory Interaction: Can It Be Influenced Through Simulation?

Presentation Description

Effective communication and interaction with patients and other health professionals is an integral part of daily laboratory work. The Canadian Society of Medical Laboratory Science (CSMLS) has in place required competencies for both Medical Laboratory Assistants and Medical Laboratory Technologists which state that the laboratory professional must be able to engage in effective communication, teamwork, and interprofessional collaboration. These competencies should ideally be developed in a laboratory student before they enter the clinical environment, however it is difficult in a didactic setting to expose students to the true interprofessional culture of the laboratory. Various scenarios are typically presented in a traditional case study fashion, but students rarely are presented with the opportunity to be immersed in an interprofessional health care environment before the start of their clinical experience. With the increased use of simulation as an educational modality, it is proposed that simulation could be used in the didactic year to expose laboratory students to situations where they would be required to draw upon the skills of communication, collaboration, and teamwork.

The Northern Alberta Institute of Technology (NAIT) Diagnostic Laboratory Program educates both Medical Laboratory Assistant (MLA) and Medical Laboratory Technologist (MLT) students, as well as provides instruction to other allied health professions such as the Combined Laboratory and X-Ray program (CLXT). This diverse and interprofessional nature of the Diagnostic Laboratory Program, along with the extensive simulation capabilities of NAIT’s newly built simulation center, provide a rich backdrop for the possibility of creating and executing an interprofessional laboratory simulation experience.

The proposed simulation will run during the 2017 spring semester of the MLT and CLXT programs. In this simulation, students from both professions will be working collaboratively to complete common tasks such as the collection of patient specimens, maintenance and quality control of laboratory analyzers, analysis of patient specimens, and interpretation and reporting of patient results. Scenarios will be designed so multiple occurrences of effective interprofessional interaction are required to achieve a successful outcome. This could involve collaboration with other professionals to determine daily work flow, troubleshooting as a team to solve an analyzer problem, or effectively communicating with other health professionals or patients to relay critical information. During the simulation, students will be formatively assessed on their communication, collaboration, and teamwork skills, utilizing an effective debrief approach with all students and facilitators involved.

Following the simulation experience, student feedback will be obtained via survey on multiple predetermined occasions, including immediately following the event and shortly after the start of the
student's clinical rotation. It is hoped that laboratory and other allied health students will find this interprofessional simulation experience valuable, particularly because of its placement before clinical experiences begin. In the simulation setting, students will be allowed to practice the skills of teamwork, collaboration, and communication in a safe environment where structured and thorough feedback is provided after each experience. If successful, these simulation experiences could be offered to several other allied health and laboratory students, influencing and fostering the development of a collaborative and interprofessional laboratory culture.

Presenters
Meagan Homer
Northern Alberta Institute of Technology
Cheri Burant
Northern Alberta Institute of Technology

Authors
Abstract Name: Compassionate Conversations: Instrumental in Cultivating Cultures of Care and Collaboration

Presentation Description

Background:
Empathy is central to quality patient and family-centered care, but is threatened and clinician burnout is at risk due to today’s chaotic healthcare environment (Hojat et al., 2009). The erosion of empathic behaviors and a lack of compassion have implications for clinicians’ wellbeing, patient outcomes, and staff retention (Meadors and Lamson, 2008). Hospitals must begin to systematically engage and support employees in groundbreaking ways to uphold a culture of care and collaboration that strengthens the system. Schwartz Rounds® (SR) offers an interprofessional forum for staff to openly engage in discussions about social-emotional issues that arise in caring for patients. Research in the US and UK demonstrated the positive impact of SR, including: enhanced understanding and appreciation of colleagues, as well as greater insight into psychosocial aspects of care (Lown & Manning, 2010).

At a leading Canadian pediatric hospital, clinicians were viewed as crucial in the development of a strategic plan for the Collaborative Practice service. Accordingly, over 90% of clinicians viewed SR as a priority, resulting in its formal implementation. In 2014, Holland Bloorview Kids Rehabilitation Hospital joined over 450 healthcare facilities worldwide as the first Canadian hospital to partner with the Schwartz Center of Compassionate Healthcare. This program is part of a partnership that inspires healthcare organizations to focus on supporting their staff in a safe and confidential environment where they can share their stories, learn from the experiences of others, and thus evolve a culture of empathy and collaboration for both healthcare professionals and patients. As the Canada’s lead, the research objective was to evaluate the effectiveness of SR within a Canadian hospital context.

Method:
Using a quasi-experimental design with pre- and post-test nonequivalent comparison group formula, we investigated the impact of clinicians attending SR during the four-Round pilot period. 222 clinicians completed pre- and post-test surveys two weeks following SR on various self-report measures, while 494 parents of pediatric patients reported on clinician empathy.

Results:
A dose effect revealed that attendance positively predicted self-reports of empathy (p<.01), as well as co-worker guidance (p=.07) and alliance (p=.06). Moreover, attendees reported greater overall coworker support (p<.01) and greater insight into compassionate care (p< .001). Attendees also specified they had more conversations about SR with their co-workers (p<.001) and supervisors (p<.05) compared to non-attendees. Perceived work stress also decreased for those who attended at
least 1 SR (p<.001). Finally, parents reported significant increases in clinician empathy throughout the duration of Rounds (p<.01).

Conclusions:
Overall, the international and national research suggests that Schwartz Rounds® is an effective, replicable program to promote empathy, compassionate care and strengthen relationships among Canadian healthcare professionals. Impaired communication has deleterious effects on patient safety and quality of care; this program improved personal communications among colleagues and supervisors, which suggest that SR is a useful technique for improving cultures where there is impaired communication and collaboration within healthcare teams. Clinician attendees were able to better understand the working contexts of their peers and were able to appreciate how their peers dealt with clinical challenges.

Presenters
Keith Adamson
University of Toronto

Authors
Nancy Searl
Holland Bloorview Kids Rehabilitation Hospital
Sonia Sengsavang
Holland Bloorview Kids Rehabilitation Hospital
Abstract Number: 632

Abstract Name: Building Collaborative Practice Teams Including Rehabilitation

Category
Interactive Poster

Theme
Practice

Presentation Description
Although the current movement toward collaborative practice came from other health care professions, professionals like occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) have often worked in IP teams in both health care and school settings. However, accepted approaches and tools for forming teams or setting standards for team behaviors were not widely adopted until the Interprofessional Education Collaborative (IPEC) developed core competencies for IP collaborative practice in 2011 & updated in 2016. Thus, many OTs, PTs, and SLPs on interprofessional teams believe that they are engaged in collaborative practice without knowledge of the current literature, tools, and principles that could enhance their collaboration.

Consistent with the goals of interprofessional education (IPE) and practice, this session provides an opportunity for interested participants to learn from speakers representing three professions who work closely together in academia as well as schools and health care settings. Two speakers in this session represent occupational therapy and physical therapy as professors involved in both local and national initiatives for IPE and practice, and the third speaker represents her national organization's strategic initiatives in the area of IPE and collaborative practice. The three professions have collaborated at an organizational level, both on advancing collaborative practice and in adopting common tools such as the International Classification of Functioning, Health and Disability.

The session will provide an overview of the professions and discuss what each profession has done to integrate interprofessional values into accrediting and ethical standards, and provide specific examples of IPE activities in their institutions and collaborative practice in health care and education settings. The session will include Q & A so that the audience can ask questions and share related experiences.

Presenters
Janet Brown
American Speech-Language-Hearing Association
Holly Wise
Medical University of South Carolina (MUSC)
Mary Hildebrand
MGH Institute of Health Professions
Authors
Abstract Number: 633

Abstract Name: *Cultivating an Empathic Understanding of Aging: An Interprofessional Approach to Enhanced Provider-Patient Relationships as the Cornerstone of Patient Centered Care*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**
The goal of this Interprofessional Education (IPE) project is to teach IPE Core Competencies to graduate nursing, medicine, dental, pharmacy and law students. The project focus was to improve active listening and empathy in preparing IP student teams to become advocates for the aged and to assist with the reduction of ageism in healthcare by developing a model for teaching geriatric care across the professions. The project is interprofessional in content, teaching methodologies, and student and faculty population. The 1-credit hour IPE immersion course was team-taught by faculty from the schools of nursing, medicine and law over five days. Student participants were assigned to interprofessional teams at the beginning to assist with team socialization and to familiarize them with the contributions that each of the professions bring to patient advocacy and care. Course content allowed students’ to reflect on and wrestle with difficult decisions they may encounter working as members of IP practice teams, and to identify and appreciate crucial themes during patient interactions such as the role of power, the importance of silence, and the need to allow patients to tell their stories without judgment. Small-group and full-group discussions helped to elicit students’ perspectives and concerns. Flexibility was required for both faculty and students, as concepts introduced were far-reaching and at times, complicated. Following the immersion experience the student teams interviewed two older adults to capture their lived experience of aging. The narratives from these interviews were developed into self-care strategies for healthy aging.

The project uses training drawn from the humanities, including narrative and reflective practice, mindfulness strategies, and verbal and nonverbal communication skills. The community-based practicum provides students an opportunity to practice these skills and develop culturally-appropriate, patient-centered relationships with older adults. The more specific learning goals of the project are that the students will improve their abilities to understand and collaborate with other professionals is a community of practice; to capture an individual’s story/history about aging and his/her illness experience; to become sensitized to age-based stereotyping that interferes with provider-patient engagement; and to increase their empathic understanding and willingness to participate in public service as advocates for the aged.

**Presenters**
Margaret Brommelsiek
University of Missouri-Kansas City
Barbara Glesner-Fines
Authors
Barbara Glesner-Fines
University of Missouri-Kansas City
Abstract Name: *Evolving from Interprofessional Education to Interprofessional Practice- Accomplishments and Barriers*

**Category**
Discussion Group

**Theme**
Education

**Presentation Description**
Topic/Subject: Brainstorming session on the development and integration of IPE and IPP into community settings.

Background/Rationale:
Interprofessional Practice (IPP) is becoming a vital component of the healthcare system to support the triple aim. There is compelling evidence that IPP leads to better patient outcomes, efficiency in healthcare management, improved co-worker satisfaction, and a decrease in overall healthcare costs.

Interprofessional Education (IPE) is one way in which healthcare education is supporting the transition to IPP. Most healthcare educational accrediting entities are mandating that IPE is taught in curriculums. The obstacles for educators however is when the dialogues about interprofessionalism end in the classroom. Healthcare programs struggle to give students authentic IPE activities in clinical environments. Another concern of health care educators is lack of actual IPP occurring in today’s healthcare community. Although research recognizes that there are multiple barriers to the implementation and further advancement of IPP, the benefits often outweigh the limitations.

The Fort Wayne Area Interprofessional Education Consortium (FWAIPEC), composed of 7 different graduate healthcare professions from 7 different institutions, has become a leader in Northeast Indiana in the promotion of IPE. The consortium has been very successful at implementing numerous simulated clinical IPE activities. Since 2011, a curriculum that initially started with about 50 participants in a 3-part first year educational series has progressed. Currently over 350 first year and 150 second year learners partake in a two year 6-part educational series curriculum. The FWAIPEC is grappling with best practices as to how to take didactic IPE endeavors to the next level of genuine clinical IPE experiences and to become effective agents of change to promote IPP in their community. Graduate data from early FWAIPEC curriculum participants has shown that healthcare employers are not utilizing IPP. The results of a pilot study to determine workforce knowledge and readiness for IPP in the local community revealed barriers to IPP were understanding of discipline specific healthcare roles, time constraints, and communication.

Facilitation Methods: During this discussion group, the participants will work in small groups to discuss the challenges of bridging the gap between IPE and IPP including possible solutions to successfully translate IPE into IPP. The presenters will facilitate this discussion with provocative discussion questions and some examples from their own experiences.
Relevant Materials: Handouts provided by presenters and attendees are encouraged to bring phones or electronic devices to engage in real-time discussion and feedback.

Presenters
Kimberly Beran-Shepler
Creighton University
Dawn LaBarbera
Trine University
Beth Bright
Huntington University
Ahmed Abdelmageed
Manchester University

Authors
Abstract Name: The Art and Science of Interprofessional Shadowing: Creating Meaningful Experiences for Any Context

Category
Interactive Workshop

Theme
Education

Presentation Description

Background:
Shadowing is a well-established form of experiential learning commonly used to explore and/or confirm interest in a profession. The concept of shadowing has applicability to interprofessional education (IPE). Previous reports described success using shadowing to learn about the roles of other professions. The purpose of this workshop is to facilitate the development of a proposal to assist participants with integrating a meaningful interprofessional shadowing program into new or existing curriculum that emphasizes learner outcomes intentionally designed to address IPE competencies.

In preparation for the workshop activity, a cross-institutional framework for an active interprofessional shadowing program developed collaboratively between a Canadian and U.S. university will be described, including the process of tool development and subsequent adaptation to minimize institutional- and practitioner-related barriers. A student reflection guide was developed to incorporate both analytical and reflective components to encourage higher order thinking. Outcome assessments demonstrated high acceptance rate from learners and coordinating institutions. The intentionally designed shadowing experience met IPE competencies and helped learners appreciate the unique and shared roles and responsibilities essential to team-based care.

Engagement Methods:
Active learning strategies will be employed to engage participants. The workshop will begin with an activity to prepare participants for the presentation and subsequent activities. Think-pair-share will be used to invite participants to share their experiences with interprofessional shadowing. Participants will be asked to independently complete a worksheet to initiate the development of a proposal to build or strengthen an interprofessional shadowing program for their home institution. This is designed to encourage self-assessment and reflection of individual programmatic needs. Upon completion of the worksheet, participants will share their proposals and seek feedback from group members, a process known as Troika Consulting. A large group debrief will be conducted at the end of the session to help participants process the learning experience. Participants will leave the workshop with an interprofessional shadowing guide and specific strategies to integrate an interprofessional shadowing experience intentionally into curriculum.

Session Outline:
A. Welcome and introductions [2 minutes]
B. Activity [5 minutes]: Share interest and experience in interprofessional shadowing using think-pair-share.
C. Presentation [15 minutes]: Framework for interprofessional shadowing developed by the two collaborating institutions; tool development; outcome assessment.
D. Individual Activity [5 minutes]: Complete worksheet to develop an initial proposal for a new or improve an existing interprofessional shadowing program.
E. Group Activity [20 minutes]: Form groups of three with people you don’t know; using the format of “Troika Consulting,” take turns presenting your proposal and seek consultation from your group.

F. Large Group Debrief and Q&A [10 minutes]

Presenters
Veronica Young
The University of Texas at Austin
Sharla King
University of Alberta
Melanie Garrison
University of Alberta

Authors
Abstract Number: 638

Abstract Name: Virtual Interprofessional Education: Large-Scale, Deep Space Conversations

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale.
Annually 1000 pre-licensure students from 12 or more health science programs take a required interprofessional course at the University of Alberta. This large cohort is divided into multidisciplinary classes of approximately 45 students, and further subdivided into interprofessional teams of 6-8 individuals to work through case studies, simulations, and other activities, guided by facilitators (faculty or practitioners). This highly interactive and experiential course teaches essentials of health care collaborative practice in a meaningful context. Over the past 10 years, educational technologies have been increasingly implemented to enhance course delivery, including use of asynchronous discussion forums within a learning management system, and enabling large and small group interaction. They have also become a vehicle for learner-centred, inclusive, in-depth conversations and allocation of face-to-face time for other purposes (flipping).

Method/methodology.
From 2015-2017 several online asynchronous discussion forums were created for a variety of different purposes in the course. Students were required to participate in these forums as part of their course grade. Detailed written instructions were provided on the intended use of each forum and the expectations regarding student postings. Facilitators (faculty members and external practicing professionals) were assigned and trained to guide these forums. Qualitative content analysis was performed in order to gather data on the nature of student and facilitator interactions. Surveys and interviews were also conducted regarding student and facilitator satisfaction with discussion forums and other aspects of online learning.

Results/outcomes.
The content of the discussion forums were reviewed and categorized under themes, along with data on the numbers of participants, frequency of topics within and across health disciplines, and other patterns of participation. The data was summarized in a descriptive report, which will inform future implementation and preparation of facilitators for use of this type of online tool. Surveys and interviews indicated high acceptance of online learning activities.

Conclusions.
Guided conversations in online asynchronous discussion forums can be a tool for deepening student learning and providing increased opportunities for interaction that are not possible due to time or geographic constraints. Improved pragmatics of course delivery and optimization of face-to-face time for
other purposes can be accomplished through use of online forums as part of blended learning or flipped classroom strategies. Findings provide recommendations for future improvement on the use of online discussion forums as part of student-centred interprofessional learning experiences, contributing to preparation of students for future virtual or in-person collaboration.

**Presenters**
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University of Alberta

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University of Alberta
Abstract Number: 639

Abstract Name: *Peer Led Team Learning in an Immersion-Level, Large Scale Interprofessional Education Event*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

The Peer Led Team Learning (PLTL) instructional model has been widely used in a range of courses and disciplines particularly in science fields. In weekly workshops, students collaborate in an active learning format to understand and solve challenging course problems. Peer Leaders (PLs), prior high-performing course students, serve as facilitators to mentor and guide their team of students to collaborate on applied course concepts. PLs undergo intensive training in pedagogical methods, leadership skills, and facilitation techniques. The community that is created by PLs, faculty, learning specialists, and the student learners is the engine that powers the PLTL Model. Based in cognitive and social constructivist learning theory, PLTL emphasizes learning through collaboration, conceptual thinking, and utilization of prior knowledge. Engaging PLs as group facilitators serves to scaffold the learning of more novice learners upon that of more advanced Peer Leaders, who also serve as social and intellectual role models. Although PLTL has resulted in improved student learning outcomes and increased enthusiasm for learning, its utilization in interprofessional education and practice has been limited.

Indiana University (IU) launched a system-wide interprofessional curriculum to teach students from its Schools of Dentistry, Optometry, Public Health, Health and Rehabilitation Sciences, Medicine, Nursing, and Social Work how to work collaboratively to improve health outcomes. The IU TEACH (Team Education Advancing Collaboration in Healthcare) curriculum provides a longitudinal systematic sequence of foundational interprofessional learning experiences. The TEACH framework describes core competencies learners need to lead and participate effectively in healthcare teams that address individual and Indiana population health concerns. These competencies fall under four primary domains: Roles/Responsibilities, Values/Ethics, Teams and Teamwork, and Interprofessional Communication. TEACH’s longitudinal sequence of learning and assessment activities called Learning Anchors, move learners through levels of Exposure and Immersion to Entry-to-Practice Competence in collaborative practice.

Due to the large scale nature of Learning Anchors 1-3, learner teamwork is directed by a session leader and 1 faculty facilitator for several groups of learners. Use of PLs in these settings was thought to be a way to increase facilitator capacity while enhancing learner engagement. The Immersion-level IPLA #3, Application of Interprofessional Teamwork Skills in Person- and Community Centered Care, was used to introduce PLTL. IPLA#3 is a 3-hour event in which learners engage in-person to discuss the similarities/difference in their professional codes of ethics, and develop a patient care plan following team collaboration around two cases involving ethical dilemmas. PLTLs were recruited from a pool of learners who had previously participated this anchor and met selection criteria. Along with faculty facilitators, the selected candidates underwent a short training program prior to IPLA # 3 events. The PLTL pilot sought to answer the questions: 1) Can IP learning outcomes with PLTLs at the immersion level for the
students be achieved? 2) What impact does serving as a peer leader have on the peer leaders? and, 3) Is the PLTL model a reasonable and sustainable tool for IP learning? Outcomes from this pilot event will be shared from the peer tutors’, participants’, and faculty perspectives.

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Abstract Number: 640

Abstract Name: *Determining Interprofessional Education (IPE) Program Impact at the Organizational and Community Levels*

Category
Discussion Group

Theme
Education

Presentation Description

Rationale
The Institute of Medicine created a conceptual framework for measuring the impact of IPE, including health and system outcomes using individual and population health and organizational change as indicators.

The University of Florida Putting Families First program has paired interprofessional teams of health professions students with local families to improve the families' health since 1997. Over 2700 families have been served through over 15,000 home visits completed by more than 8500 students. Because interprofessional student teams serve these family one at a time (and for some families who volunteer for multiple years, multiple times), assessing program impact on community health has been difficult; particularly since the program focuses on students' educational experience and not on research. We will describe efforts to gather qualitative data from program volunteers related to changes in health and quality of life and share our findings.

The Indiana University Interprofessional Practice and Education Center is charged to transform organizational culture to include and value interprofessional collaboration. Because health professions schools are co-located in differing combinations on nine campuses across the state, assessing program impact on the organization is challenging. Ripple Effect Mapping (REM) uses Appreciative Inquiry, mind mapping, group and individual interviews, and qualitative data analysis to visually map intended and unintended changes that occur in the presence of the implementation of a complex program or collaboration. REM is a powerful technique to qualitatively document program impact. We will describe efforts to gather qualitative data from program stakeholders to describe impact and organizational change thus far, share our findings, and discuss how we hope to use the results going forward.

The previously cited Institute of Medicine report urged the investment of resources in evaluation of IPE and the need for measuring its effects at the programmatic level using multiple assessment methods that demonstrate its impact, return on investment, and sustainability has been documented. Using Barr’s modified Kirkpatrick’s hierarchy of assessment as a framework to guide IPE evaluation, organizational impact is one of the most challenging levels to achieve. Using the Discussion conference presentation format will enable participants to exchange experience and expertise; emerging with new ideas for ways to determine IPE program impact at the organizational and community levels.

Facilitation Methods
I. Welcome / Introductions (5 minutes)

II. Brief overview of relevant reports and recommendations for IP program evaluation from relevant key documents: Institute of Medicine, Interprofessional Education and Practice Guide No. 3: Evaluating Interprofessional Education, and Canadian Interprofessional Health Collaborative Inventory (5 minutes)

III. Describe two approaches to gathering data demonstrating program impact at the community and organization levels; briefly sharing outcomes (8 minutes)

IV. Participants work in small groups to consider “the good, the bad, and the ugly” of the two approaches and share innovative methods they have used to evaluate community or organizational change outcomes associated with IPE (12 minutes)

V. Participants share highlights of small group discussions and emerging innovative ideas. Key points are recorded and distributed to participants who request them after the conference. (12 minutes)

VI. Summary (3 minutes)

Presenters

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Amy Blue
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University of Minnesota
Abstract Number: 641

Abstract Name: An Interprofessional Collaboration Experience for Online Doctoral Nursing Students Using the Jefferson Teamwork Observation Guide and Reflective Practice

Category
Oral Presentation

Theme
Education

Presentation Description

Interprofessional collaborative practice is playing an increasingly important role in health care delivery. The American Association of Colleges of Nursing’s, The Essentials of Doctoral Education for Advanced Nursing Practice states that Doctor of Nursing Practice (DNP) graduates have preparation in “methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.” More specifically, DNP Essential VI, Interprofessional Collaboration for Improving Patient and Population Health Outcomes, indicates that DNP programs integrate interprofessional collaboration (IPC) content and clinical practice opportunities. Evidence on how to best incorporate IPC education in DNP programs has been slow to emerge, especially in online learning environments. During this session the presenters will describe the results of an IPC experience for online DNP students using the Jefferson Teamwork Observation Guide (JTOG) and written reflective.

Between June 1 and August 5, 2016 students enrolled in the online asynchronous DNP leadership course observed the IPC practice behavior of self-selected teams using the JTOG. Each observation was accompanied with a written reflection. The JTOG is a 14-item validated tool, based on the core competency domains for IPC practice as defined by the Interprofessional Education Collaborative.

Ten DNP students conducted 84 observations in 11 health care facilities. The majority of observations occurred in acute care hospitals (51%) and outpatient settings (43%), and most frequently included nurses (95%), physicians (81%), social workers (40%), and pharmacists (35%). The overall mean score across all observations was 3.44 (SD ± 0.48). The mean scores across the 5 JTOG domains ranged from 3.54 (SD ± 0.49) for roles/responsibilities and 3.37 (SD ± 0.65) for values/ethics. There were no statistically significant differences in the overall or domain-specific scores by observer participation in the team or by type of setting. However, patient care observations were scored higher on the values and teamwork domains (p = 0.014 and 0.061, respectively). A written reflection accompanied each observation (100%). In light of the consistently high JTOG scores, the scores were carefully compared to the corresponding written reflections. In most cases, the assigned scores were supported by detailed, positive, narrative statements and thoughtful analysis. Moreover, the reflections provided a much richer description of the teamwork encounter that was not captured in the JTOG scores. We conclude that experiential learning (IPC observations using a standardized tool), coupled with individual written narratives enabled students to reach new levels of understanding, meaning, and insights about IPC practice. How this translates into actual practice is unknown and provides an important area for
investigation.

**Presenters**

Elena Umland  
Thomas Jefferson University

**Authors**

Monika Monika Pogorzelska-Maziarz, PhD, MPH  
Thomas Jefferson University
Abstract Name: *IPE Initiatives in Canadian Undergraduate Nursing Programs*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/rationale:** Interprofessional education (IPE) occurs when students from two or more professions learn with, from and about each other; it is essential in the development of a practice-ready workforce (Canadian Interprofessional Health Collaborative, 2010, WHO, 2010). In recent years, IPE initiatives have expanded in higher education. Despite the growth of these initiatives little is known about them in Canadian higher education. For example, a recent Cochrane review highlighted the lack of evidence supporting the generalizability of IPE benefits to clinical practice and to clinical outcomes (Reeves, et al., 2013). There is also limited evidence as to how newly graduated practitioners incorporate IPE learnings into their practice. In order to gather evidence, it is important that IPE programs provide students the opportunity to meet IPE program objectives as well as, employ reliable and valid tools for assessing student progress. Given the growth of IPE initiatives, it is clear that additional empirical evidence related to IPE programs in Canadian higher education is needed. Faculty within the School of Nursing at Dalhousie University have begun a program of research focused on understanding how IPE is incorporated into Canadian bachelor of nursing programs. Our long-term goal is to assess the impact of IPE on professional practice after graduation.

**Method/methodology:** Research design incorporated and electronic survey and focused interviews. Initially, we conducted an environmental scan of IPE initiatives in Canadian schools of nursing. Key informants (i.e. Director, Associate Director, IPE Coordinator) associated with each of the Canadian Association of Schools of Nursing accredited bachelor of nursing programs were invited to complete an online survey related to IPE experiences provided to their students. Respondents were also invited to participate in in-depth telephone interview and to conduct a document review focused on gaining knowledge about the delivery and evaluation of IPE in these programs.

**Results/outcomes:** We received 24 completed surveys for a response rate of 49%. A key finding was that only 8(33%) of these programs currently have a structured IPE program, while 5(21%) respondents wrote about intentions to develop IPE curriculum and 2(8%) others reported participating in IPE initiatives when available. None of the respondents indicated that they currently measure IPE outcomes after students graduate.

**Conclusions:** 62.5% of Canadian Schools of Nursing incorporate or are in the process of adding IPE to their program in some capacity. Further research is needed to assess the impact of IPE on the clinical practice of nursing students after graduation. Although these findings are specific to IPE curriculum within nursing, the larger aim of this program of research is to contribute to knowledge related to the incorporation of IPE into health profession programs to ultimately enhance collaboration and healthcare delivery. Lessons learned from our journey as well as those learned from other programs may be utilized in development of future IPE programs. Upon presentation of our findings, we will invite participants to share their own experiences, with IPE at their institutions and will invite suggestions from participants about how to design and implement the measurement of IPE outcomes after students graduate.
Presenters
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It is now accepted that effective interprofessional education (IPE) promotes collaborative practice on graduation (WHO, 2010). There are many reports in the literature recommending a longitudinal framework for IPE of undergraduate health students over 3 to 4 years, starting in year 1 with exposure to roles of different professions, learnt in on-campus experiences. While challenges such as timetabling and different class sizes exist at this level, an added level of complexity exists when IPE is attempted in the real world – in clinical placements. These include variability and availability of patients, supervisor or mentor availability and ability to teach in an interprofessional (IP) modality, relationship between supervisors / preceptors and the university, the use of expert judgement in assessment, varying models of clinical placements and supervision across disciplines, the varying role of IP collaboration in the clinical environment, and clinical rosters across different disciplines. There are commonly 4 ‘competency domains’ which also align to groupings of learning outcomes, in IPE, including: values/ethics, including respect for other professions; knowledge of roles and responsibilities; interprofessional communication and negotiation; and teamwork (adapted from Kahaleh et al 2015 and Henderson & Alexander 2010).

A variety of models have been suggested for IPE in the clinical or real world environment, including: (1) IPE experiences as part of the traditional single discipline clinical placement, with a placement-based supervisor and sometimes, depending on the discipline, a university-based supervisor; (2) a multi-discipline student led clinic for outpatients, with a planned IPE case conference held during or after the clinic, led by an IPE facilitator; (3) a flexible model designed for use in inpatient settings (Henderson and Alexander 2010) where students from different disciplines interview a patient with a short guided interview sheet, meet together to discuss what they each found, then meet with an IPE facilitator to reflect on similarities and differences, roles and findings; (4) a multidisciplinary student group led hospital ward; and (5) a model that uses interprofessional teams established to then undertake service learning rather than clinical care. Note that few of these models have incorporated technology to address challenges or use different pedagogies.

In this session, participants will form small groups and each group will select a different model to analyse from 5 perspectives: (i) could students meet the IPE learning outcomes? (ii) is it feasible? (iii) how would it be assessed? (iv) what would be the benefits to the patient? (v) how would it be evaluated? These findings will be shared with the large group and compared across the models.

Facilitation Methods: The session will commence with introductions of the facilitator and the group. This will be followed by a 10-minute formal presentation about the topic, followed by 20 minutes of small group discussion and 15 minutes of feedback. Participants will be invited to continue to collaborate on scholarly work on this topic. A document with relevant readings will be emailed to interested participants.
Presenters
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Robert Mullins
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Lisa Nissen
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Abstract Number: 648

Abstract Name: Performance in and perception of a gross anatomy course using minimally integrated multidisciplinary versus highly integrated interprofessional education methodologies

Category
Interactive Poster

Theme
Education

Presentation Description

Background/Rationale: Gross anatomy is a core subject for all health professions programs early in the curriculum, is typically clinically-oriented, and its lab component provides the opportunity for significant interaction. These interactions help students improve teamwork and communication skills, professionalism, and respect. In sum, anatomy is an ideal course for implementing interprofessional education (IPE). Early interactive IPE promotes a reduction in perceived division between students and improvements in students’ attitudes toward IPE, which contributes to the teamwork needed to optimize patient care. However, anatomy is typically taught to each health profession in isolation despite this opportunity. In the present study, two approaches to integrating students from different health professions in a gross anatomy course were tested. Method/Methodology: This mixed methods study compared the performance in, and perceptions of, instructors and students in a graduate-level gross anatomy course offered in two subsequent years. Student and faculty perceptions were gathered from their respective course evaluation comments. Each years’ student group was made up of 25 physician assistant (PA) and 24 physical therapy (PT) students enrolled in their respective programs’ mandatory gross anatomy lecture + lab course. The first course was offered in a multidisciplinary format with minimal integration and interaction between the PA and PT students with the intention to share resources and provide students with early, intimate exposure to other health professions. Profession-specific case studies were presented by faculty and discussed separately in online forums via the university’s learning management system. Lab groups and times were separated by profession. The second year of the course there were integrated interdisciplinary clinical case studies that included interprofessional lab groups, discussions, and interactions. Results/Outcomes: Student outcomes (exam and course grades) improved, albeit non-significantly, in the second offering of the course, which utilized IPE methodologies. In the first year, students reported positive relationships with other students within their respective program, yet developed very negative views of the students in the other program. This divide was also perceived by the instructors. Results from the second year, in which the integrated IPE approach was utilized, include students’ reporting more positive perceptions of the students in the other program in addition to positive views of students within their own program. These improvements were also perceived by the instructors. Conclusion: The multidisciplinary approach with minimal integration and interaction between the PA and PT students decreased appreciation of and increased animosity toward the other profession. Increased integration of IPE methodologies in the second course offering improved both objective performance and the positive perception of the course as well as improved respect for and appreciation of the other profession.
Presenters
Andrew Crofton
Adventist University of Health Sciences

Authors
Scott Bennie
Adventist University of Health Sciences
Abstract Name: *The chairperson as change agent. Developing and evaluating programme for improving interprofessional team meetings in primary care.*

**Presentation Description**

Background: Interprofessional teamwork is increasingly necessary in primary care to meet the needs of people with complex care demands. It requires professionals to cooperate, focussing on the patients’ personal goals. In the Dutch primary care setting, interprofessional team (IPT) meetings are scheduled regularly for this purpose. Those meetings appeared to vary in terms of setting, duration, frequency, numbers of participants, participating disciplines and numbers of patients discussed. To illustrate, an average team comprises a: family physician, practice nurse, occupational therapist, physical therapist, and a district nurse [1]. Conducting efficient and patient centered IPT meetings is not self-evident. A thorough needs assessment encompassing different qualitative studies [1-3] entail that current practice could benefit from improvements in structure, patient centeredness and leadership [1]. The aim of this study was to develop and evaluate a programme directed at improving efficiency and patient centeredness of IPT meetings.

Method: An action research approach, ensuring involvement of intended users (health care professionals), was used to develop and evaluate the programme. In the first phase, a modelling phase, a development team designed a draft programme. Subsequently, the programme was tested and evaluated by three primary care teams, in four action research cycles. Hereafter, usability was evaluated in six other primary care teams through conducting a process evaluation. Data were collected using team meeting observations, interviews, questionnaires, and focus group interviews. Qualitative data were analysed using directed content analysis. Quantitative data were analysed by descriptive statistics. Through iterative evaluation and reflection, followed by a process evaluation, the final programme was established.

Results: The final programme comprises a team training including training for the chairperson and a side-kick, and a team instruction meeting. Tailored to the specific team context, the training includes two dayparts aimed at development of leadership competencies, one directed at organising and structuring meetings, and the second primarily directed at enhancing patient centeredness. Training also includes two intervision sessions and coaching on the job. Moreover, the programme includes a multifaceted framework that can be used to reflect on the diverse dimensions of IPT. Supplementary, a toolbox with materials to support structuring has been developed, including video instruction and a brochure summarising tools were developed. Findings emphasized the essential role of the team’s chairperson acting as a leader and change agent, being responsible for stimulating interaction between team members, keeping the patient perspective in mind and guiding the team through development by initiating periodic reflection. However participants mentioned that team reflection is not self-evident, and
consider improving teams’ functioning by adopting new structures and assuring patients’ perspective as being a growth process.

Conclusions: This study elucidates the systematic development and evaluation of a programme directed at improving functioning of IPT meetings in primary care. To be successful, the multidimensional programme should be tailored to the individual team’s context and participants’ learning objectives. Consequently, it appeared preferable for the ‘change agents’ to adjust the style of leadership to the teams’ specific context. Follow-up research is needed to gain insight into the actual value and manageability of the programme.

Presenters
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Abstract Name: Frontiers in Interprofessional Objective Structured Clinical Examinations (OSCEs)

Category
Discussion Group

Theme
Education

Presentation Description

Topic/subject: Interprofessional Objective Structured Clinical Examinations (iOSCEs)

Background/rationale:
In order to rigorously measure collaborative competencies acquired in interprofessional education (IPE) and in functioning teams, the use of observation-based assessment is required. One approach is the interprofessional objective structured clinical examination (OSCE). We discuss and compare new approaches to theory-development, design, implementation, and delivery of these examinations, including new applications of assessment models, technology, the use of simulated team members, and new approaches to reflective feedback and debriefing.

Facilitation methods:
Two educational organizations, in a short introductory presentation, will describe and demonstrate how they have advanced the application of interprofessional team OSCEs by introducing an innovative assessment model, technology, novel types of team interactions, and new methods for reflective feedback and debriefing. Discussion will then be opened to the entire group for questions, critique and comparison of these methods. Attendees will subsequently meet in small groups to discuss one or two best ideas for implementation/application of these or related approaches in their own organizations. Finally, the entire group will work together to discuss, compare, and outline important theory-based and practical considerations in the implementation/application that the group has brainstormed.

Agenda

15 minutes – Introduction and Overview of iOSCEs from Two Universities

10 minutes - Large Group Discussion: Comparison, Critique, Questions of Methods
Facilitation Questions:

- How do these two examples compare to each other or to your iOSCE?
- What would you consider as best practice in iOSCEs?
- What questions do you have about these assessment methods?
10 minutes – Small Group Discussion – Brainstorming
Facilitation Questions:

• Consider applying these two methodologies to your context.

10 minutes – Large Group Summary of Ideas
Facilitation Questions:

• Moving forward, what themes have we identified for iOSCE design/development, implementation and assessment?

Relevant materials: Presenters will bring brief handouts describing the methods/protocols their innovations employed, as well as audio or video content highlighting their methods.

Presenters
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Abstract Name: Leadership Institute for Geriatric Interprofessional Practice Teams in Primary Care

Category
Oral Presentation

Theme
Leadership

Presentation Description

Reaching primary care and community healthcare professionals that understand geriatric best practices to support healthy independent lifestyles is the key to the development of a highly trained workforce. The creation of a Geriatrics Practice Leadership Institute (GPLI) for healthcare interprofessional teams of practitioners in primary care was an innovation intended to create “Geriatric Transformational Champion teams” with a focus on the knowledge, skills, and attitudes needed to lead the emerging integrated delivery systems for geriatrics in patient-centered primary care.

The GPLI is designed for healthcare professionals including physicians, nurses, pharmacists, physical therapists, dieticians, social workers and community health workers. The participants learned about concepts needed to effectively work in and take leadership roles in the emerging health care environments for older adults in primary care. The GPLI inspired and promoted interprofessional team-based projects that were designed to assist in the real world application of their newly acquired skills and knowledge. These projects involved team members learning about, from and with each other, how to come together and effectively function as a team, envision and create meaningful interventions designed to improve quality geriatrics care and patient safety, reduce costs, and implement interventions in the emerging value-based healthcare systems. Driven by the project goals and the professionals targeted, five domains were identified that were addressed by the GPLI program. They were: 1) Leading self, 2) Leading teams, 3) Leading organizational change, 4) Population health science, and 5) Aging network and healthcare delivery for older adults. The curriculum was developed with the aim of enhancing each participant’s understanding of personal leadership skills and how to create and participate in effective interprofessional teams that will provide value-based patient-focused care to older adults in the developing primary healthcare systems.

Our first GPLI had 6 teams with eight professions represented. The Institute was conducted over ten months and comprised of three one and a half day seminar sessions. Outside of the classroom the interprofessional teams had the ongoing support of content expert faculty and coaches. This structured support was designed to promote team project updates, clarification of recently acquired knowledge, attitudes and skills and to support team efforts going forward to ensure a successful project delivery. Finally a “Celebration” graduation at the conclusion of the GPLI was conducted with the teams showing off their deliverables of an abstract, poster and presentation. Both formative and summative 360 evaluations was done and then revisions were made for the second GPLI. Outcomes have been impressive. The exponential effects of older adults served in primary care settings through the implementation of this institute has had both breadth and depth for both the primary care organizations and more importantly the older individuals and their families.

Presenters
Diane Hawley
Texas Christian University

Authors
Larry Peters
TCU
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Area Agency on Aging
Addressing the needs of diverse learners to ensure students engage in interprofessional education (IPE) can be challenging for educators. This challenge can be amplified when including students from programs that practice outside or on the periphery of the more obvious health care team contexts.

Learning to work across professional boundaries is essential for practising Medical Laboratory Technologists (MLTs). Laboratory professionals recognize the importance of IP competencies. This is reflected in the recent addition of IP team skills (communication, collaboration, role clarification, reflection) to the Canadian competency profile as mandatory competencies for entry level technologists. Traditionally in large urban centres, MLTs practice in a silo with limited interaction with the health team. The current curriculum map reinforces this for students as they participate in the mandatory UAlberta IP team course after their clinical training, towards the end of their program, whereas the other health profession learners typically participate in the first year of their program. The MLS program is evolving to better integrate IP competencies in the curriculum so that the timing and the context are aligned to the level of the learner.

Methods:
As a part of curriculum renewal, the University of Alberta MLS program focused on adult learning theory to scaffold the 4 IP competencies across the curriculum and ensure course content engages the students in actively learning professional conduct and the concept of an interprofessional team approach to patient care.

IP competencies are scaffolded throughout the MLS curriculum. They are introduced and reinforced in a way that helps students build on previous knowledge and experiences. Reflection is used as a learning tool to provide students with opportunities to reflect on their knowledge and apply their knowledge to new contexts. This scaffold is incrementally removed as learners build on their knowledge, attitudes, and skills.

In their first year, students are introduced to clinical practice and patient care, with shadowing and clinical exposures to learn about role clarification. Professional communication and collaboration are introduced, and reflection is used throughout. In the second year, advanced skills are taught focusing on reflection of feedback received from clinical practice, and observed professional practice of registered MLTs. In the third year, they have the opportunity to learn and apply advanced professional reflection and conflict resolution skills.

Results / Conclusions:
Course evaluations provide evidence of effectiveness that IP competencies are being integrated. Evaluations show an increased appreciation for reflection and communication and an increased understanding that patient care requires an interprofessional team.
IPE aids in the formation of a professional culture. In the MLS program, this professional culture is fostered through the development of courses and experiences that build on each other, and provide opportunities for professional socialization. IP competencies are introduced early, and reinforced and applied in a way that underpins the development of a learner’s professional identity. Through IP interactions and reflection, learners develop a shared understanding of professional conduct and the concept of an interprofessional team approach to patient care.

Presenters
Lisa Purdy
University of Alberta

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Roberta Martindale
University of Alberta
Abstract Number: 658

Abstract Name: Interprofessional Collaboration and Education in Primary Care: The Innovative Training in Clinical Practice Transformation Program

Category
Interactive Poster

Theme
Education

Presentation Description

Background/rationale:
Increases in prevalence of chronic conditions 1, demographic shifts 2, and payment model changes 3 have created the need for improved collaboration among primary care providers in the U.S. To meet this growing need, Danbury Hospital introduced an innovative approach to interprofessional collaboration (IPC) and interprofessional education (IPE), entitled the Innovative Training in Clinical Practice Transformation (INTRCPT) program. This 5-year program is currently in its second year and is funded by the Health Resources & Services Administration (HRSA).

The aim of the INTRCPT program is to connect practice redesign with IPE by addressing primary care training across the continuum of care. INTRCPT focuses on three pillars: Collaborative Practice, Quality Improvement, and Improving Ambulatory Clinical Skills and is designed to include physicians, nurse practitioners, other health professionals, and trainees. INTRCPT leverages the capabilities of Danbury Hospital’s Center for Simulation and Clinical Learning, which utilizes standardized patient actors to train primary care practitioners to deliver team-based care across our network of patient-centered medical homes (PCMHs). Throughout this training, team members learn to manage the complexities of patient care and trainee education simultaneously and collaboratively. The INTRCPT program has successfully engaged healthcare providers from a diverse array of medical settings including Primary Care, Emergency Medicine, Federally Qualified Health Centers, Palliative Care, and Behavioral Health.

Method/methodology:
As of January 2017, INTRCPT participants took part in four interdisciplinary training events, including an orientation, an introduction to simulation training, simulation-based faculty development training, and a 3-day IPC seminar led by the Centre for Interprofessional Education (CIPE) at the University of Toronto. Each event was geared towards educating on the principles of interprofessional care and engaging participants in modeling and teaching these principles.

While many were initially skeptical, the program led to substantial enthusiasm among the trainees who actively embraced the concepts and began to implement them at their practice sites. In addition, participants formed a taskforce to develop strategies for integrating the concepts learned. During the first taskforce meeting, attendees answered a six-question survey compiled from feedback over the course of the project. These included participant understanding of the importance of IPE, willingness to incorporate the associated competencies within their respective practices, and the current structure and direction of the INTRCPT program. The survey had a total of 24 respondents (100% response rate).

Results/outcomes:
Responses indicated that 65% of participants felt their practice was prepared to implement team-based care following the four INTRCPT training events. 68% of respondents specified that the primary focus of the taskforce should be integrating additional professions into primary care offices, such as behavioral health workers, palliative care professionals, visiting nurses, pharmacists, and emergency medical technicians. Among the most noteworthy findings included the fact that respondents recognized the importance of interprofessional roles within the medical care team as one of the most vital changes within their own practice following their involvement in the INTRCPT program.

Conclusions:
The INTRCPT training events reinforced the importance of IPC among healthcare providers, the majority of whom felt prepared to implement this model of care.

Presenters
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Authors
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Western Connecticut Health Network
Abstract Number: 660

Abstract Name: Bringing together an interdisciplinary team of students, faculty and staff to address a community need

Category
Oral Presentation

Theme
Education

Presentation Description
The faculty and staff of the Marcella Niehoff School of Nursing at Loyola University Chicago developed a collaborative learning experience for students of different disciplines to work together to address a pressing problem in our community. (IPEC, 2011) We brought together undergraduate students studying health systems with graduate students studying dietetics in conjunction with Loyola’s Community Nursing Center (LCNC) to produce a “Resource Guide for Food Security in Rogers Park,” the University’s host community. This became a class assignment for a required course in the undergraduate Health Systems Management (HSM) curriculum, which provides students with the knowledge and critical thinking skills necessary for careers in the administration and organization of health care delivery systems and health services.

LCNC provides community nursing services to residents of Rogers Park as a rotation for undergraduate nursing students. Graduate students in the School’s Masters of Science in Dietetics and HSM students have completed required academic internships at the Center as well. The Director of LCNC, a nurse, had been approached by community residents, organizations and leaders to develop such a resource guide. Working with the course instructor, a lawyer, the School’s Director of Clinical Placements and Experiential Learning, an educator, and building on earlier work by the Director of the Dietetics program, a PhD in community nutrition (Block and Kouba, 2006), the Center identified eight targets for interdisciplinary teams on which to develop information: food pantries/food banks, soup kitchens, WIC programs, SNAP programs, farmers markets, a food coop, grocery stores and public policy processes in the community. The HSM students were divided into eight teams. Each team was overseen by a dietetics intern. Each student wrote a reflection on their experiences, and all eight groups made presentations to the full class.

In addition, we offered guest presentations from a variety of disciplines: an MD working for a local FQHC, a regional health officer of the county public health department, the COO of the Cook County Health and Hospital systems, a community planner and policy analyst with a background in health care policy and health insurance, and a researcher on women’s health. The dietetics interns presented a panel discussion on food insecurity, and a panel of community residents gave the students a “reality check” on the difficulty of dealing with health issues on a low income.

The outputs of this project were: a Resource Guide, widely distributed in the community to residents, community organizations and community leaders, an increased understanding on the part of the undergraduates of the operations of a community nursing center and local public policy making
processes, enhancement of the dietetic interns’ leadership skills, and a “proof of concept” demonstration of the use of interdisciplinary students, faculty and staff in developing “service learning” experiences at both undergraduate and graduate levels. (Felton, et al., 2011) A similar project is planned for the Fall, possibly with HSM undergraduates, graduate nursing students, and students in business and health law, along with corresponding faculty, to address management and policy issues at Cook County’s public hospital.

Presenters
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Abstract Number: 666

Abstract Name: Are We Connecting? Using Network Analysis to Assess the Institutional Impact of Interprofessional Education

Category
Oral Presentation

Theme
Education

Presentation Description

Background: By integrating different academic programs, interprofessional education (IPE) has the potential to be transformative for institutions of higher education. However, most IPE evaluation focuses on student learning outcomes or the impact of faculty development activities. Few studies have attempted to measure the broader institutional impact of IPE on faculty connections across an institution of higher education, but institutions with successful IPE programs have found that growing a core of faculty champions has helped to sustain their IPE initiatives (Willgerodt et al., 2015). This presentation describes the use of a novel method -- network analysis -- to explore the impact of IPE across an institution.

Methods: On a comprehensive health science campus with nearly 2000 students engaged annually in required IPE activities, we collected data over a three-year period about faculty involved in IPE activities coordinated by the institution’s Center for Interprofessional Education and Collaborative Care. We counted the number of faculty and number of connections between faculty. Then, using network analysis techniques, we mapped the connections between faculty and measured the annual change across the three-year period focusing on three metrics: average degree - the average number of relationships between faculty; average path length - the average distance between any two faculty; and density - the percentage of all possible connections between faculty. Metrics on clustering were also examined.

Results: The number of faculty involved in IPE activities increased from 55 in year 1 to 71 in year 2 to 90 in year 3. The number of faculty connections increased from 852 in year 1 to 1038 in year 2 to 1418 in year 3. The average degree was stable year over year (15.5, 14.6, 15.8 for years 1, 2, and 3, respectively) suggesting the number of connections between faculty did not change as programs expanded. The average path length increased (1.8, 2.1, 2.1 for years 1, 2, and 3, respectively) suggesting that the network became less dense. Density measures confirmed this change (0.287, 0.209, 0.177 for years 1, 2, and 3, respectively). Faculty clustered by IPE activity, and faculty from certain schools (Medicine, Nursing, Pharmacy) were more central to the network than faculty from others (Social Work, Allied Health Professions, Dentistry). Year over year, the relative contribution from various organizational units remained stable except for decreased participation by the school of social work.

Conclusions: Network analysis provides unique evaluation metrics that can help demonstrate the impact of an IPE beyond learning outcomes. In this case, the network of faculty involved in IPE programs became larger, more complex, and less dense. Programs established clusters of relationships that were
more inclusive of some individuals and professions than others. These findings suggest some possible strategic directions for future IPE activities.

This study is limited by the exclusion of non-educational interprofessional activities and activities not sponsored by the IPE center. Regardless, these findings support future study to compare network measures across institutions and correlate network metrics with other outcomes of interest such as student learning and faculty innovations.

Presenters
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Virginia Commonwealth University
Alan Dow
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Authors
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Abstract Name: Simulation: which IP competency should be targeted first?

Presentation Description

CONTEXT: Canadian Interprofessional Health Collaborative Framework (CIHC), where patient-centered care is voiced as central, is useful to guide curriculum and activities elaboration to develop interprofessional competencies (IP). In order to offer diversified and progressive learning opportunities at minimal burden and cost, it is frequent practice to have no patient participation and to target few specific competencies per each simulation activity. Impacts of these choices need to be analyzed more thoroughly. Absence of a real or standardized patient in simulation raise doubts about actualization of patient-centered care principles, as defined by Neill (2014). Concordance between targeted and activated IP competencies should not be taken for granted since 1) competencies are interdependent, as CIHC underlined it; 2) multiple learners’ interactions may lead to unpredictable outcomes; 3) learners’ life experiences contribute to individual reactions and determine how significant a learning opportunity is. Therefore, one could challenge the thought that one activity could trigger similar competencies for all learners. These preoccupations bring forward the delicate question of how to effectively evaluate competencies development. Putting emphasis on significant moments identified by learners themselves may be a fruitful avenue.

ACTIVITY DESCRIPTION: Pen and paper 150 min simulation offered to 312 learners from six educational programs (mainly 1st year university: occupational therapy, medecine, nursing, physiotherapy, psychology and social work), divided in 39 teams (6-8 learners) for two case discussions, including two team reflexive moments guided by a facilitator, followed by an experts’ panel including a family member of a patient, and 1-week post activity journal.

OBJECTIVES: 1) Describe which IP competencies (targeted: communication, role clarification, teamwork) and patient-centered care principles (adapted communication, continuity of care, holistic vision, active participation in decision making) were activated; 2) and mostly by which pedagogic method (case discussion, team reflexive moments, panel or individual reflexive journal).

METHOD: Exploratory design. Context analysis of data from case discussions, reflexive moments (10 of 39 groups randomly selected; total of 18 hours of recorded material), all plenary sessions (n=3/3) and all available individual journals (n=253) coded with predetermined categories for chosen framework 1, 2 by two judges independently, using NVivo 10 and debating divergent findings until consensus.

RESULTS: Overall, all IP competencies and all patient-centered care principles, except continuity of care, were activated for learners of all programs. Comparing pedagogic methods, larger range of competencies were observed during team reflexive moments and individual reflexive journal. Preoccupations for patient-centered care principles mostly were triggered by panel presentation and reported in individual journal.

CONCLUSION: Since we cannot predict, with certitude, one learner IP competencies mobilisation, program should consider modalities to personalized development pathways. Traces of reflexive occasion, along one’s curriculum, seem promising. As suggested by others, many different reflexive formats can
be used (Landry, 2016). If limited resource cannot accommodate intensive patient participation, an experts’ panel with a patient or a family member have a high potential for sensibilization, at least in activities offered at the beginning of a curriculum.

Presenters
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Category
Interactive Poster

Theme
Education

Presentation Description

Background:
Interprofessional collaboration is a mandated strategy by the World Health Organization to strengthen health systems and improve health outcomes (1). However, lack of understanding of the different health discipline roles on clinical teaching units highlight the existing gaps within interprofessional education (IPE) (2). To our knowledge, there have not been any published models of IPE to serve the pragmatic needs of patient care on general medicine clinical teaching units. Morning report is a traditional teaching format within internal medicine where the attending physician reviews the approach to the diagnosis and management of a challenging case (3). We aim to develop a novel model of morning report that will allow trainees across different healthcare professions to appreciate the interprofessional management of common patient presentations on general medicine, and incorporate that into their daily practice.

Methods:
Each morning report will be jointly developed and facilitated by representatives from different health professions. Trainees will come from different health professions, including but not limited to: medicine, nursing, occupational therapy, physiotherapy, pharmacy, and social work. Each session will cover the interprofessional management of common cases on inpatient general medicine in an interactive fashion. Afterwards, trainees will be asked to rate individual components of the morning report on a 5-point Likert scale, as well as provide qualitative feedback, using standardized evaluation forms.

Results:
A pilot session on Falls and Parkinson’s Disease was conducted in December 2016 for 5 students from undergraduate medicine and occupational therapy. Feedback was overall positive. Students agreed, or strongly agreed, with “the activity provided me with better understanding of how IP teamwork affects patient/client’s experience” (4.8/5), “interactive discussions provided me with an introductory appreciation for other professions and their scopes of practices” (4.6/5), and “I feel confident that what I learned today will be applicable in my future practice” (4.4/5). Areas of improvement included time constraints and more interprofessional representation from trainees.

Conclusion:
The interprofessional morning report is a potential method to break down barriers that exist within general medicine clinical teaching units on IPE and the understanding of interprofessional patient care. Future sessions should incorporate a wider range of trainee specialties. Further studies are required to
assess its long term efficacy and its translation onto patient care outcomes.

**Presenters**

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Abstract Number: 677

Abstract Name: *Blending Team Skills – Community and Professionals Working Together*

**Category**
Oral Presentation

**Theme**
Practice

**Presentation Description**
Background: Blending the skill sets of trained community workers and professionally educated health professionals can be difficult and even controversial in some practice settings. Additionally, students from health professional programs must recognize the value and necessity of collaborating with diverse community members to provide care. As part of the Interprofessional Learning Pathway, students must be exposed to and even integrated into community teams to broaden their perspective of ‘team’. For effective community treatment, the diversity of the team may bring together knowledge and skills that are essential to effective client centered care. Although often driven initially by financial need, because of location in or near the inner city of a large population, it is clear that effective teams can not only be developed, but have a significant impact on the lives of the clients that they serve (Mallow, 2010). Owiti et al (2014) all suggests that the need for cultural consultation may well be the key for effective bridging of these relationships when staff skills vary significantly. So how are effective community interprofessional teams built?

Methods: This paper will focus on describing two diverse programs in Edmonton Alberta, Canada, one providing transitional housing for those with severe, persistent mental health clients and the other providing harm reduction services for women and men living with addiction and often homeless. What both programs have in common are strong interprofessional teams that are comprised of a staff with both professional designations and others trained in situ with lived experience.

Results/outcomes: Although serving different groups, the programs have commonalities in how they developed their teams through utilizing the core principles of collaboration, reflection, and communication essential to effective interprofessional teams. Professionally trained personal may bring specific health related skills while in situ trained staff often bring cultural competencies and lived experiences that provide an equal voice that complements and strengthens professional training.

Conclusions: This paper will demonstrate how these teams were developed, the commonalities of their processes and finally how the skill sets of their service providers have been best utilized to ensure appropriate services for the clients that they serve. Recommendations for how to bridge the gaps between diverse team members will be discussed.

**Presenters**
Elizabeth Taylor  
University of Alberta  
Marliss Taylor  
Streetworks  
Roberto Peterson
House Next Door Society
Sharla King
University of Alberta

Authors
Abstract Number: 681

Abstract Name: Protocol checklist for teaching and assessing IPECP competencies through movies and role-playing: communication, authority and roles

Category
Interactive Workshop

Theme
Education

Presentation Description

BACKGROUND
It is generally accepted that collaboration is an essential part of health care, especially in hyper-specialized environments. However, it is questionable whether we really have an efficient program to train our students/professionals on it.

OBJECTIVES
Attendants will experience in the workshop a practical and friendly method to teach and assess IPECP competencies (communication, authority and roles) through protocol checklist applied to many different movies and role-playing scenarios. This open method allows participants to choose their own response to common IP clinical situations, as opposed to close methods of teaching and evaluation, where a single correct answer is chosen.
Specific objectives are:
1. To understand and practice how to value what other professional thinks, says, feels and/or does in the middle of conflict or misunderstandings, and to efficiently communicate it.
2. Reflect on the different models of authority commonly found on clinical teams, and discuss on the different responses we might offer to them and what to expect in consequence.
3. Review the two components of the real role we play in health teams, both the “I must” and the “I want”, and how to define and defend the final one.
4. Negotiation techniques when facing emotional attack to avoid conflict and promote collaboration.

METHODS
Through multiple movie and role-playing scenarios, participants will experience the use of protocol checklist for both teaching and assessment of the three IPECP competencies mentioned before. It will be a practical workshop with the same cases and contents we use in our teaching courses with both undergraduate and health care professionals. Some parts will imply Team Based Learning (small groups discussion).

IMPLICATIONS
Since this program is highly rated in our setup (i.e. highest rated course in Medical School), we believe it might offer new approaches to colleagues looking for new approaches for IPECP programs.

INTENDED TARGET AUDIENCE
Lecturers, trainers and health professionals involved or interested in IPECP, especially those concerned
in transformative (beyond information) training.

PLAN TO CREATE AN INTERACTIVE ENVIRONMENT
The program is structured around dozens of real situations and scenarios that mimic professional reality and experience. After each scenario, an interactive discussion is promoted.

Presenters
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In today's health care system there is a need to prepare healthcare professionals who practice collaboratively and provide holistic care. As institutions focus on patient safety, quality of care and cost effective care the call for interprofessional collaboration among providers continues to rise (Gardner, 2014). The World Health Organization (WHO) has stated that the educational systems must prepare health providers with education and experience in teamwork, roles/responsibilities of other disciplines, communication and identification of learning needs related to team development and care. Further, the WHO emphasizes that all health professions students must be prepared to work together towards the common goal of building more patient centered and community/population oriented health care systems (WHO, 2010). To meet this challenge fundamental changes including patient’s experiences and perceptions are key to development of IPE curriculum activities is needed to better prepare our future health care providers (Brandt, Lutfiyya, King & Chioreso, 2014). Many of the current experiences of IPE occur in the classroom, simulation lab or clinical environment, which do not allow for students to collaborate with and reflect on the experience with patients/families/caregivers (Knecht-Sabres, Gunn, Conroy, Getch & Cahill, 2016). Logistical challenges such as time, need to see more patients and lack of space are common barriers in the clinical field allowing students to meet with patients/families/caregivers to discuss their experiences and perceptions of working with an interdisciplinary model of care. This presentation will provide results of an IPE project implemented at Mercy College that incorporated patients and caregivers in the education of the students on IPE collaboration and communication. A 3-hour IPE experience was implemented in Fall 2015 and 2016 with students from 5 health professions: nursing, physician assistant, occupational therapy, physical therapy and communication disorders. Students worked in groups with 1 student per discipline to interview a real patient and caregiver. Students were given brief introductions to the client’s diagnosis prior to the day of the interview so they could prepare. A 20 minute pre-interview meeting was completed allowing the 5 students in each group to discuss their approach to the interview with the clients/caregivers. The students were given 30 minutes for an intake history from the client and caregiver. After the 30 minute interviews a de-briefing session was held with the part of the debriefing including the client and caregivers giving feedback to the group on the experience, their perceptions of the interaction, ways to improve upon the collaborative approach and communication to with patients and families. Students were allowed to ask questions of the client and caregiver as well. A second 20 minute debrief was done with the students and faculty on the experiences and their perceptions of collaborating with clients and families on patient care. Students filled out pre and post questionnaires on IPE Attitudes Towards Interprofessional Health Care Teams and a 1-minute reflection on the experience. Results of this program will be presented along with the model to further develop this program to include all students in all 5 disciplines will be presented.
Presenters
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Authors
Abstract Number: 688

Abstract Name: The Development of an Assessment Rubric for Team Analysis of an Ethical Issue

Category
Oral Presentation

Theme
Education

Presentation Description
The identification and resolution of ethical issues in health care are enhanced through consideration by a team of professionals from different professions and clinical ethics case consultations in hospitals often are carried out by such teams. This makes ethical analysis a particularly relevant area for interprofessional training, but the field has been hampered by lack of standard analytic and evaluation methods. In the curriculum developed at the University of Colorado Anschutz Medical Campus, students (anesthesia assistant, dental, medical, nursing, pharmacy, physical therapy, and physician assistant) work together in interprofessional teams to identify and analyze ethical issues in cases using a structured 8 step process. This structured analytic method led to the development of a standard template for documenting the process, and an assessment rubric that has been used for formative feedback and also for summative assessment of team performance. The assessment rubric enables curriculum leaders to monitor the outcome of ability to identify and analyze an ethical issue, which is a central objective of the Values/Ethics component in the curriculum. This presentation will: 1) Describe the 8 step process of ethical analysis; 2) Describe the assessment rubric and the process of development using content and assessment experts 3) Share assessment results; and 4) Discuss future challenges.

Presenters
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Authors
Wendy Madigosky
Abstract Number: 690

Abstract Name: Facilitating Interprofessional Collaboration at the Organizational Level: Networking and Discussion for Health Leaders

Category
Discussion Group

Theme
Leadership

Presentation Description
Interprofessional practice is understood to be a collaborative, coordinated approach to decision making and care, enacted by teams of health providers and including patients and families. Well established as an evidence based approach to benefitting patient, provider, and health systems, interprofessional collaboration requires an interactive system of supporting factors to establish success in implementation and integration into today’s healthcare contexts.

Positive outcomes of interprofessional practice are well established in the literature, including benefits for patient populations, healthcare professionals, and organizations providing care. Interprofessional practice is central to improving a wide range of health system issues, such as patient safety, quality of care, patient and population outcomes, access to services and health workforce resources. Collaboration between professions advances ideas and innovation at high levels throughout a health organization, and improves health services management and healthcare system effectiveness (CIHC, 2009). For organizations, key outcomes of interest include reduced hospital length of stay and cost, and positive effects on key human health resource challenges, including provider satisfaction and workplace quality, and better recruitment and retention, particularly in difficult to recruit areas such as rural settings or specialty areas of practice.

Although the importance and positive outcomes of interprofessional care have been well established, evidence of ongoing organizational change to support interprofessional practice is lacking (Braithwaite, Westbrook & Travaglia, 2007). It is important to recognize that interprofessional collaboration is implemented, supported, and sustained within an interactive network of factors at individual, interpersonal, organizational and systemic levels. Much of the existing literature body focusses on individual and interpersonal factors; however, health professionals alone cannot create all of the needed factors for successful collaboration. If interprofessional collaboration is to be integrated throughout health systems, organizations must also support interprofessional team function. These organizational factors may be overt or tacit, intentional or unconscious, direct strategies, or secondary effects of other policies and goals.

If organizations are to support and facilitate interprofessional collaboration, health leaders must recognize, dialogue, and strategize regarding the organizational factors that provide supportive contexts for collaboration. As an interactive resource for health leaders, this discussion group will facilitate discussion of experiences, strategies, challenges and supports for implementing and sustaining Interprofessional collaboration within institutional healthcare settings. The Interprofessional Praxis Audit
Framework (IPAF) (Greenfield et al, 2010) will be used to structure an initial overview of interprofessional organizational literature, followed by a series of rotating small group discussions. These small group discussions will rotate between the components of the Interprofessional Praxis Audit Framework (organizational context, culture, conduct, attitudes, and information) in order to connect health care leaders through peer discussion and dialogue. Discussion questions and probes will be provided for each framework area discussed. The overall intent of this discussion group is to facilitate interprofessional collaborative practice development across a variety of healthcare organizational contexts, through networking, dialogue, and discussion between health leaders.

Presenters

Meghan McDonald
Saskatchewan Polytechnic

Authors
Abstract Number: 694

Abstract Name: *Faculty Facilitation of Student Teams in a Community-Based Interprofessional Service Learning Course: Experience and Advice from the Trenches*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

Background: Facilitating students in teams in an interprofessional community-based service learning course provides challenges. Faculty advisors must balance the needs of multiple stakeholders including the educational objectives for the students and the health and wellness needs of the target population at the assigned community agency in order to promote a mutually beneficial relationship for all parties. Faculty advisors are responsible for evaluating student participation and performance but are not present for every visit to the community agency.

Methods: The authors created a simple questionnaire to gather best practices from the faculty advisors in the IPE 4900 Integrated Interprofessional Practicum Experience. Results: Faculty stating their expectations of the students in the first class meeting and students writing down their expectations of each other begin the trust relationships needed for the students to represent themselves and the University well as they prepare to serve the community agency. Preparing the student team in the small-group for the first visit at the agency lays the foundation for building a trust relationship between all parties before students and the agency site coordinator meet. The faculty advisor attends the initial site visit in order to build mutual trust between the faculty advisor, site coordinator, students and target population. The presence of the faculty advisor at the initial meeting guides collaboration to ensure the mutually agreed upon project topic is aligned with the agency’s overall mission and addresses a targeted health or wellness need. Two class meetings in which four teams meet in a smaller group setting and the student teams report and discuss their project and the community agency with the faculty facilitator assist in keeping the project on schedule. Time is spent in these meetings relating the project to the five course learning objectives. Problem-solving with the faculty facilitator can occur at this time, as needed. Faculty advisors provide direct feedback to students on how to modify or enhance their plan by suggesting specific evidence-based resources or providing insight into proposed learning activities or educational materials. Discussion at this time regarding the situations of the agency’s clients facilitates professional empathy in the students and encourages further reflection on the responsibility for civic engagement. Students evaluate their project and faculty assist students in preparing to share the information with their service site. The faculty presence at the session when the students present to the agency and/or clients of the agency encourages a more polished presentation. Other best practices will be shared on the poster.

Conclusions: The key to achieving positive outcomes for student and our community partners is effective communication in order to establish a relationship based on mutual trust. Several shared best practices are used to facilitate excellent student learning and good health and wellness outcomes for the clientele of community agencies served.
Presenters

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Saint Louis University Program in Physical Therapy and Interprofessional Education

Authors

Jessica Barreca
Saint Louis University Interprofessional Education
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Saint Louis University School of Nursing and Interprofessional Education
Abstract Name: *Caring for veterans: An interprofessional education experience*

**Purpose:** Discuss the development and evaluation of an interprofessional education (IPE) program designed to increase health professional students’ understanding of military culture and the associated health problems of veterans.

**Background:** The number of veterans and their families seeking healthcare and support within civilian communities is increasing. Service members, veterans, and their families have unique perspectives and values related to military culture, combat exposures, and their assigned duties while serving their countries. There is a need for healthcare providers within community settings to provide sensitive, comprehensive care for military veterans with multiple physical and behavioral health conditions. Many civilian providers are unfamiliar with the health issues of veterans and would benefit from structured training to help them provide culturally-competent, compassionate, and high quality care for military service members, veterans, and their families. Health professionals receiving training on military culture, behavioral responses to combat, and the resulting health consequences would be better able to meet the holistic needs of military personnel and veterans.

**Methods:** A multi-disciplinary course was designed to increase health professional students’ understanding of military culture and the associated health problems of veterans. This IPE course was offered as an eight-week immersion experience with a clinical practice component in a primary care setting providing services to veterans. The course used didactic and on-line modules including content on military cultural, behavioral and physical health disorders commonly seen among veterans, and the related behavioral and pharmacological treatments. Faculty-lead student discussion groups, using case studies and standardized patient actors portraying veterans, were infused throughout the course. Evaluation included three components: surveys, reflection questions, and focus groups. Students practiced lessons learned using case scenarios and working in interprofessional clinical teams with standardized patients. Pre-post educational assessment was used to evaluate the effectiveness of the course curriculum and students’ knowledge and attitude change through quantitative and qualitative methods.

**Results:** Students showed a high readiness for interprofessional learning and demonstrated a significant increase in knowledge of veterans’ issues and health problems. Students valued the team approach to promote high quality healthcare for veterans.

**Conclusions:** Students engaged in high levels of communication, cooperation, and collaboration among their team members, increased understanding of military culture, and valued their role as patient advocates.

**Presenters**

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University of Missouri Kansas City

Authors
Abstract Name: Using High Fidelity Simulation to Enhance Interprofessional Education (IPE)

Category
Oral Presentation

Theme
Education

Presentation Description

Background: High fidelity simulation (HFS) is a teaching innovation that is becoming an important component in health related educational programs. The role of HFS is expanding to include interprofessional team simulation scenarios. Interprofessional (IP) collaboration is a key strategy to improve quality of care delivery and patient outcomes in the health system. This project will provide insight into the effect of interprofessional learning experiences delivered with and without an HFS component. The researchers’ interest in this project is as nurse faculty, interprofessional team members, and health system researchers.

Method: This research employs a pre-test, post-test method to test the effect of HFS on IPE learning experiences. The participants (medical residents, nurse practitioner students, and advanced care paramedic students) will engage in an IPE experience with a scenario. Half of the participants will be randomly selected to participate in an HFS scenario as well.

Results: This study will be completed in the Spring 2017, and results will be presented at this conference.

Conclusion: Identifying and building innovative methods to teach interprofessional collaboration is an evolving priority in healthcare education research and practice. HFS is already part of health curriculum and as healthcare needs become more complex, there is an increased need to work together efficiently and effectively on interprofessional teams. Incorporating interprofessional learning experiences into health profession curriculum is necessary to meet evolving competencies in nursing and other health professions. Utilizing HFS is a potential path to incorporate interprofessional learning competencies into health profession education.

Presenters
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Authors

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University of Saskatchewan
Abstract Name: Barriers and facilitators to collaboration for registered nurses practising in inter-professional primary care practice: five themes and recommendations

Category
Interactive Poster

Theme
Practice

Presentation Description
Registered nurses working on a collaborative practice team in primary care face a number of challenges. The literature describes the registered nurse's scope of practice as broad, but, in fact, integral with respect to meeting the demands of contemporary complex patient care. The RN role is cited as "ambiguous" in many forums relating to practice in primary care.

A literature search has identified five themes involving barriers and facilitators to collaboration between nurses and physicians in primary care practice. The five themes are: (1) systemic factors required for health professionals to work collaboratively, and how our current system may be deemed "a work in progress, (2) the concept/perception of hierarchy in the workplace, (3) role ambiguity, (4) training and competency, and (5) trust and open communication.

This research aims to explore these five themes and produce a list of recommendations for registered nurses who work in primary care to consider on a day to day basis. These recommendations may be applicable across health professions, however, registered nurses and physicians will be the focus of the discussion on collaborative relationships and of this research.

Qualitative interviews of five physicians and five registered nurses, all who have at least 2 years experience working in collaborative primary care, will be conducted in Prince Edward Island, Canada. The interview questions will explore the five themes identified and the data analyzed thematically.

Ethics approval for this study has been granted by Health PEI, and the University of Alberta.

Presenters
Heather Mills
University of Alberta
Authors
Abstract Name: *Longitudinal Integration of Patient- and Family-Centered Care Teaching and Practice within Interprofessional Education Curriculum*

**Presentation Description**

**Background/Rationale:**
Embracing the patient and family "voice" in health care improves quality, safety, and patient experience. At the University of Arkansas for Medical Sciences (UAMS), the Office of Interprofessional Education (OIPE) partners with the Center for Patients and Families (CPF). In this nexus, OIPE staff serve on institutional patient- and family- centered care (PFCC) committees, while CPF Patient/Family faculty serve on IPE pillar teams. The insights and perspectives of patients and families are conveyed across the IPE curriculum for health care providers, researchers, and students at all levels, for all professions.

The IPE curriculum aligns with the Triple Aim (improving patient experience, improving health of the population, decreasing cost of care) and is applicable to academic, clinical, and research units. The three-phase IPE curriculum, consisting of seven core activities for novice, intermediate, and advanced stages of professional development, is a graduation requirement for all students (Medicine; Pharmacy; Nursing; Health Professions; Public Health; Graduate School). Inclusion of state-specific burden of disease and national health goals for Healthy People 2020 enhances relevance for student learning. IPE activities incorporate Interprofessional Education Collaborative Domains with development of knowledge and skills for social determinants of health, cultural competence, population health, health literacy, research, the role of the payer, and PFCC. The Institute for Patient- and Family-Centered Care has distinguished UAMS as a Best Practice site for integration of PFCC and IPE. The purpose of this presentation is to share the infrastructure, processes, and outcomes for PFCC integration in IPE at UAMS.

**Method:**
Patient/Family faculty co-design and deliver curriculum including PFCC learning objectives, Triple Aim project proposal topics and IPE team work, simulations with standardized participants, and health fairs and community education events. Patient/Family faculty participate in assessment and provision of feedback to students. Learning outcomes are tracked longitudinally. A standardized rubric assesses qualitative reflections to evaluate knowledge of self (own profession), interprofessional team (other professions), and context (Triple Aim).

**Results:**
Quantitative and qualitative outcomes include numbers of participants, satisfaction ratings, and assessment of impact. Student participation in 2016-2017 includes:
- Exposure Workshop = 756 students, 8 faculty; Online = 184 students, 14 faculty
- Exposure Bridge Activity (9 movies) = 374 students, 6 faculty; Online = 410 students, 23 faculty
• Immersion Simulation (4 simulations) = 770 students, 15 faculty
• Immersion Triple Aim Projects (2 sessions) = 146 students, 20 faculty
• Competence Practice Activity = Great Strides Walk for CF = 8 students, 4 faculty; Prescription Drug Takeback = 7 students, 1 faculty
• Competence Student Educator (movie facilitators) = 43 students, 1 faculty

This presentation will share the curriculum framework, example PFCC learning objectives for IPE activities, PFCC simulation checklist, and examples of Triple Aim Projects.

Conclusions:
Integration of PFCC with IPE within a Triple Aim framework allows coordination of learning across a variety of professions, supports development of interprofessional and PFCC competency, and fosters positive perception of interprofessional methodology among students and faculty. This curriculum structure is broadly applicable to health science centers of any size and composition.

Presenters
Kathryn Neill
University of Arkansas for Medical Sciences
Michael Anders
University of Arkansas for Medical Sciences

Authors
Abstract Name: *Pharmacy Program Readiness for Interprofessional Education Standard*

**Presentation Description**

The Accreditation Council for Pharmacy Education (ACPE) Board of Directors approved new standards in January 2015. These Standards, a.k.a. Standards 2016, have been refined to ensure that graduating students are “practice-ready,” “team-ready,” and prepared to directly contribute to patient care working in collaboration with other healthcare providers. The ACPE Board of Directors expected each college and school’s Doctor of Pharmacy program to be in compliance when Standards 2016 became effective on July 1, 2016. To assist ACPE in monitoring compliance with this expectation, each college or school was required to respond to a brief survey regarding its plans for compliance with important aspects of Standards 2016. The objective of the survey was to describe the key findings provided by pharmacy programs regarding readiness for the new Standards. The survey results were reviewed by the ACPE Board of Directors at its June 2016 meeting.

One of the survey questions concentrated on interprofessional education. The ACPE Standard on Interprofessional Education states that “the curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.” The key elements identified for the Standard include interprofessional team dynamics, education, and practice.

Pharmacy program readiness was evaluated based on identified requirements to meet the Standard. These requirements included development of an interprofessional education plan, exposure to other healthcare professions including prescribers, and the incorporation of interprofessional education throughout the didactic and experiential curriculums. The interprofessional education plan should build throughout the curriculum and include didactic, experiential, and special event activities.

Analysis was performed to identify themes based on program responses. Notable program examples included a “menu” of interprofessional options to allow student selection, team objective structured clinical exams (OSCEs) that included other healthcare professions, advanced pharmacy practice experience (APPE) evaluation includes healthcare team participation, and “passport” method or badge system for completion of requirements.

Themes provided could assist programs in the development of plans to meet the expectations of Standards 2016.

**Presenters**

Mary Kiersma  
ACPE  
Dawn Zarembski
Abstract Name: *UAMS Faculty Development Model and Metrics to Date for Faculty Facilitator Skill-Building and Institutional Certification*

**Category**  
Oral Presentation

**Theme**  
Education

**Presentation Description**

**Background/Rationale:** Interprofessional education within large academic health centers involves teams of interprofessional facilitators co-presenting key skills to students or faculty at all levels of learning. Academic Health Centers have been called to develop a strategic plan to integrate student learning across colleges to better prepare our future workforce to practice, teach, and research together. Experienced interprofessional faculty facilitators are needed to provide diverse perspectives and add creativity and quality in the design and implementation of the IPE student curriculum. To do this, a bank of engaged faculty trained to design and/or facilitate these IPE learning events is needed.

**Method:** A training process for faculty to build their design and facilitation skills for IPE events through active learning experiences was created and implemented in a large academic health center in the US. The design included three steps for certification: completion of a 1-hour foundational awareness learning event, completion of a 3-hour workshop to build facilitator and event design skills, and co-leading an IPE student event with structured, confidential feedback. Successful completion of this 3-step process would yield a Certified IPE Facilitator capable of leading IPE events independently. Certification as an IPE Master Facilitator could also be obtained by completing this process for three different types of events. Value of certification was enhanced by Deans support from all 5 Colleges and the Graduate School. Deans agreed to instruct the promotion and tenure committees at all colleges of this value during their deliberations. The opportunity for certification was advertised across colleges at live events as well as via emailed faculty development invitations.

**Results:** Results of the pilot and implementation of this certification process over the first year will be summarized, including numbers of participants across the colleges, numbers achieving facilitator and master facilitator certification, attendee satisfaction ratings to each of our three stages, and assessment of impact on facilitators skill and engagement in IPE. Qualitative data will also be reviewed. Key successes and lessons learned will be highlighted.

**Conclusion:** Academic Health Centers must develop a strategic plan to integrate student learning across colleges to better prepare them to work together in practice environments post graduation. To do this, a bank of engaged and trained faculty is needed. Results of the design and implementation of a training and certification process are summarized with key successes and lessons learned.

**Presenters**

Wendy Ward
Abstract Number: 717

Abstract Name: *The use of a standardized patient to assess and highlight interprofessional education core competencies*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Background: In 2011, the Preparing the Future (PTF) academic curriculum was launched at the University of Maryland Baltimore campus and has since evolved to include law, dentistry, social work, pharmacy, nursing, and medical students. PTF is an interprofessional (IP) didactic and service/experiential-learning curriculum focused on HIV care. For the 2016-2017 academic year, the schools of medicine, nursing and pharmacy have come together to build upon the successes experienced by the PTF curriculum to provide an enhanced IP course which has students not only complete the PTF curriculum but also requires students to work in groups to interview a standardized patient. The goal of the standardized patient encounter is to reinforce the core competencies of interprofessional education to the students using scenarios related to HIV.

Methods: Students enrolled in this course through either the School of Medicine, Pharmacy, or Nursing. Each student was required to attend a simulation or a patient encounter, which involved interprofessional groups to interview 2 standardized patients (SP). The theme of these 2 encounters involves students a) providing the results of an HIV test and b) assessing a patient’s adherence to medications. The objective of the use of SPs was to improve student knowledge of the specialized roles and responsibilities of each discipline (IPE Competency Domain 2), apply the principles of team dynamics to effectively deliver patient centered care (Domain 4), offer students the ability to practice their communication skills to patients and other health professionals (Domain 3), and to work with individuals from other professions to maintain a climate of mutual respect and shared values (Domain 1). The objectives were assessed using student reflection papers and evaluations that were received at the end of the course.

Results: There were 16 students enrolled in this course; 9 pharmacy, 2 medicine, and 5 nursing students. Through each reflection paper, it was identified that all students were able to better understand the roles and responsibilities of other healthcare professions. It was noted by students, that they better understood their own role as part of the healthcare team after realizing the wealth of knowledge that each discipline had. Students were able to work in their IP groups to deliver patient care but it was noted that some students felt that they were at a different level of training than students in other disciplines and could not participate effectively. The communication skills and the mutual respect was also highly noted in the reflection papers among the disciplines.

Conclusions: challenges and best practices have been identified regarding the use of an SP to reinforce interprofessional core competencies. The enrollment for this course was affected by the scheduling
coordination required among the 3 graduate schools. Another challenge was identifying each student’s baseline knowledge. Many students felt that they improved regarding Domain 2 but struggled with Domain 4 due to not having the same baseline knowledge as those in other professions. This showed us that some core didactic information should be given to all students prior to an IP activity to maximize student involvement.

Presenters
Neha Pandit
University of Maryland School of Pharmacy
Hazel Jones-Parker
University of Maryland Baltimore, School of Nursing
Sarah Schmalzle
University of Maryland, School of Medicine

Authors
Alexandra Reitz
Institute of Human Virology, The JAQUES Initiative
Abstract Name: Students’ perceptions of the interprofessional collaboration in patient safety series for undergraduate nursing and doctors of pharmacy students at a small university

Category
Interactive Poster

Theme
Education

Presentation Description
This poster presentation will describe our interprofessional collaboration in patient safety (iCPS) series at Palm Beach Atlantic University and the students’ perceptions of the longitudinal series. There were 72 second year pharmacy students and 54 third year undergraduate nursing students who begun and completed the series. Students in the schools of pharmacy and nursing are enrolled in an 18 hours certificate program over four academic semesters culminating in an interprofessional leadership summit (iPLS) presented by healthcare community leaders. Four case-based modules focusing on the core competencies of interprofessional education and collaboration, along with two modules in collaboration with our local healthcare community are provided and assessed. Upon completion of program, students are awarded with a certificate during the interprofessional leadership summit. Students’ perceptions were evaluated prior to the start of the series, upon completion of the didactic series, and upon completion of their clinical rotations at the end of their programs.

Presenters
Mariette Sourial
Palm Beach Atlantic University

Authors
Barbara Kelly
Palm Beach Atlantic University
Jamie Fairclough
Palm Beach Atlantic University
Abstract Number: 721

Abstract Name: *Evaluation of an Interprofessional Longitudinal Clinical Experience at Yale: What We Learned Along The Way*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

Medical and Nursing education at Yale has been delivered separately in each school for many years with minimal collaboration on curricula and sharing of faculty. Interprofessional training occurred sporadically in some settings between medical and Physician Associate (PA) students mostly in the clinical phase of training. When medical and PA students did work together in the clinical setting, there was little to no direction given about professional roles and responsibilities. Furthermore, interprofessional training involving medical and PA students with APRN students did not exist despite close geographical location of the programs. In 2013, with curriculum changes on the horizon in each school, a cultural shift toward collaborative training and resource sharing began to occur. In early 2014, the Yale Schools of Medicine and Nursing, with the Yale PA Program, piloted a “proof of concept” Interprofessional Longitudinal Clinical Experience (ILCE) with 3 first-year students from each school trained by interprofessional faculty. Based on evidence that a larger pilot was feasible, a second pilot began in fall 2014 with a total of 40 volunteer students. Again, a successful pilot led to a scale-up of a third phase of the program in fall 2015, with 120 students from the three programs. Finally, a “full-fledged” program was instituted in fall 2016, required of all 245 first-year students from the three programs.

The ILCE was able to grow incrementally from a small pilot to a fully implemented program in a relatively short time with the support of formative and outcome evaluation. Results from each phase of the evaluation informed the next phase of the ILCE program. An iterative, mixed-method approach was used that included continual feedback from faculty and students about the implementation process; use of time-series measurement of learner outcomes; formative assessment and feedback of clinical skills; and objective structured clinical exams that focused on patient-centered interviewing, physical exam skills and teamwork.

The voice of students and faculty have helped to shape a robust learning experience that has built bridges among the three schools and dramatically changed the way Yale trains pre-clinical students in the first year. We plan to describe our process of evaluation, what we learned from each pilot phase, and how the evaluation feedback resulted in the fully implemented ILCE program.

**Presenters**
David Brissette
Yale University Physician Associate Program
John Encandela
Yale School of Medicine
Authors

Catherine Kennedy
Yale School of Medicine
Rosana Gonzalez-Colaso
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Eve Colson
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Linda Honan
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Deborah Fahs
Yale School of Nursing
Tracy Chidsey
Yale School of Nursing
Barry Wu
Yale School of Medicine
Ami Marshall
Yale School of Nursing
Patrice O'Neill-Wilhelm
Yale School of Nursing
Abstract Number: 723

Abstract Name: *Keeping Clean: Student nurses teaching medical students and dietetic students to prevent infections*

Category
Oral Presentation

Theme
Education

Presentation Description
Excellence in infection prevention practices is a priority goal in health profession education. Hand hygiene and the use of personal protective equipment (PPE), while simple techniques in and of themselves, become more challenging when integrated into the daily complexities of patient care for new providers. A student-taught interprofessional education program has been implemented at Loyola University Chicago to improve attainment of this safety goal.

An interprofessional faculty steering committee began work to pave the way following the 2014 Ebola outbreak. The program includes three sessions on PPE, isolation precautions and infection prevention “accidents”. Nursing students in their community health course teach the sessions using interactive lectures and infection prevention technique demonstration and competency assessment. Participants include all medical students, nursing students and dietetics students. The program meets curriculum goals in each program. Further, nursing students are able to gain experience in the teaching role in occupational health. The overall program and complementary educational resources will be included in this presentation. Evaluation data reflects improvement in learning outcomes and high levels of participants’ satisfaction. These data also support the effectiveness of this strategy as an intervention to improve the IPE competency on role and role responsibility

Presenters
Fran Vlasses  
Loyola University Chicago Niehoff School of Nursing  
Aaron Michelfelder  
Loyola University Chicago Stritch School of Medicine

Authors
Abstract Name: Lessons from a seven year experience: The Vanderbilt Program in Interprofessional Learning (VPIL)

Presentation Description

Educators designing interprofessional education opportunities are challenged to find authentic, clinical learning environments that role model interprofessional care. Indeed, we are all training teams of health professions students for a reality that still rarely exists in practice - yet. For the past 7 years, the Vanderbilt Program in Interprofessional Learning (VPIL) has integrated health professions education with clinical practice by designing a unique model that embeds teams consisting of medical, nursing, pharmacy and social work students in clinical settings one half day per week over a two-year period. This session is a panel discussion where members of the VPIL faculty will share the practical lessons learned from implementing and continually improving the program.

Between 2010-2016, we have placed 264 students on 66 teams and expanded our clinical sites to include community based, hospital-based primary care, hospital-based specialty care, inpatient and emergency departments. The program includes a weeklong orientation, monthly seminars with curriculum complements the clinical experience through reflective discussion, skill building and simulated learning activities and the completion of a quality improvement project. Every design decision has been guided by a principle that all workers learn and all learners work and linked to one of our five program goals.

Cultivate respectful professionals.
Nurture self-directed workplace learners.
Prepare leaders who contribute to a collaborative practice-ready workforce.
Integrate the patient care experience with health professions knowledge.
Improve the health care delivery system by integrating systems knowledge with patient care.

Evidence of Impact

We describe the impact of this program in multiple ways: on the health system, on preceptors, and the on students and graduates of program. We not only train students to be collaborative practice ready, but we also have built collaboration within the health system to provide a catalyst for practice transformations. Each of the panelists will focus on a separate area for discussion.

Impact on the health system: VPIL has collaborated with and influenced two major practice transformation initiatives over the past several years and students have now designed and implemented 36 improvement projects within their clinics.
Impact on preceptors: Transformation of clinic practice
Over the years we continue to hear personal stories from our VPIL preceptors describing how the students themselves have influenced personal practice habits.

Impact on students: Our end of year evaluations and written reflections provide us with evidence for how profoundly the VPIL experience has impacted many of our students. Because the program is longitudinal, with students in teams together for 2 years, we believe that this time affords genuine relationships with preceptors, patients, and students to form.

We have witnessed a “ripple effect” where the impact of our program has influenced the formation of additional institutional partnerships and students have played significant leadership roles in forming interprofessional organizations. We better understand the unique ways to integrate interprofessional education and ultimately transform practice. We have observed that our work in VPIL becomes a catalyst for cultural change – at the individual and the system levels. We are more than a course; we have become a community.

Presenters
Heather Davidson
Vanderbilt University School of Medicine
Shannon Cole
Vanderbilt University School of Nursing
Allison Provine
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Pam Waynick-Rogers
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Allison Provine
Lipscomb University College of Pharmacy and Health Sciences
Chad Gentry
Lipscomb University College of Pharmacy and Health Sciences
Donna Rosenstiel
Vanderbilt University School of Medicine
Abstract Name: A Toolbox for Interprofessional Formative Feedback and Assessment

Category
Discussion Group

Theme
Education

Background/Rationale: The Interprofessional Education Collaborative (IPEC) core competencies clearly mandate that health professions students learn to provide team-based patient care in order to improve healthcare quality and safety. Specifically, IPEC calls for healthcare team members to develop proficiencies in the following domains: communication, teamwork, values, ethics, professional roles and responsibilities. Common challenges encountered by educators include both determining how to provide effective formative feedback to learners and conducting meaningful assessment of interprofessional (IP) team behaviors and learning experiences.

An IP research team of faculty from three different universities partnered to develop two longitudinal patient case scenarios: 1) an older patient with multiple chronic conditions; and 2) a college student with asthma, GERD and newly diagnosed anxiety. Students from nursing, pharmacy, medicine, social work and nutrition collaborated on IP teams to provide team-based care for a standardized patient over four visits (year 1) and three visits (year 2). During the longitudinal patient case, the research team wanted to provide formative feedback to the student learners regarding their development of the IPEC core competencies. Using a collaborative process, the faculty researchers developed several different IP evaluation tools that were used to provide formative feedback to IP student teams/learners. Existing (validated) tools were also utilized to provide an assessment of student perceptions of personal and team IP team behaviors and program effectiveness. Utilizing multiple lenses to assess team behaviors, faculty researchers developed a toolbox for interprofessional formative feedback and assessment.

During this discussion group, faculty researchers will first share their toolbox of IP evaluation tools that were developed and used during the longitudinal patient cases. Faculty researchers will share their experience using the toolbox to facilitate IP formative feedback. This will be followed by a facilitated group discussion about IP formative feedback and assessment tools.

Facilitation Methods: In small groups, participants will be asked to share ideas regarding: 1) IP formative feedback and assessment tools they have used or would like to develop; and 2) addressing strengths and weaknesses of the assessment tools selected as shared by research faculty. This will then lead to a large group debrief based on the areas of greatest interest.

Relevant materials: The following assessment tools will be provided to participants. Standardized Patient Team-rating Form; Team-based SOAP Note Evaluation Rubric; STUDENT Collaboration and Satisfaction about Care Decisions (CSACD) Standardized Patient Encounter Form; FACULTY Collaboration and...
Satisfaction about Care Decisions (CSACD) Standardized Patient Encounter Form; Student self-perception instrument that includes the Team Skills Scale (TSS), the Student Perceptions of Physician-Pharmacist Interprofessional Clinical Education (SPICE), and the Self-Assessment of Clinical Reflection and Reasoning (SACRR) and The Team Fitness Test (TFT) Student Self-Assessment Tool. We will also provide surveys developed to capture program effectiveness.

Presenters
Brenda Bray
Washington State University College of Pharmacy
Barbara Richardson
Washington State University College of Nursing
Tamara Odom-Maryon
Washington State University College of Nursing

Authors
Megan Willson
WSU College of Pharmacy
Lisa Woodard
WSU College of Pharmacy
Abstract Name: *Partnership in Practice: Linking pre-licensure students to professionals in other disciplines*

Presentation Description

The objective of this conference session is to outline a clinical course activity that was implemented in a Bachelor of Nursing (BN) program at a western Canadian university. As educators of a full semester practicum experience, we sought to incorporate a course activity that gave students an opportunity to engage in interprofessional (IP) learning with a healthcare professional (HCP) of their choosing. In developing this IP education (IPE) activity, the course educators identified the need to scaffold the learning for these students while being aware of the unique aspects of the HCP student population at our university and in healthcare settings, as well as the demands of HCPs in practice. This IPE initiative also addresses the Canadian Interprofessional Health Collaborative (CIHC) competency domains as well as entry-to-practice competencies established by our provincial regulatory association.

In developing this IPE initiative, which was successfully realized in Fall 2016, the educators began with a perspective of viewing the clinical course in three sections. Over the first portion of the 12-week practice experience students are encouraged to explore all of the non-nursing disciplines who have a professional responsibility for the same patient/client population. In preparation for the experience, students are also expected to look at relevant provincial legislation related to the HCPs scope of practice. Clinical preceptors’ responsibilities during this phase are only to facilitate introductions to the team members as they normally would during orientation to the clinical environment. Once students identify the potential HCP, the students then complete the first phase of the IPE initiative by connecting with their faculty educator to ensure that appropriate thought and preparation has been done prior to proceeding to the next aspect of the IPE experience.

The second learning section then involves the Partnership in Practice (PiP) activity which is scheduled by the student and at the convenience of the HCP partner. This is expected to be done before the midterm point of the course. The two to four-hour experience is devoted to understanding and examining CIHC competency domains of the PiP partner, as well as the interactions, motivation, and unique perspective of the HCP with their population. The next element of the PiP activity is a 2-hour Reflective Collaborative Seminar where students from different settings and who connected with different PiP partners meet to reflect on and debrief their learning about the CIHC competency domains of the HCPs they connected with in practice. The final portion of the IPE initiative occurs after the Reflective Collaborative Seminar and fosters the continued reflection on and inclusion of the gained knowledge of the students with a focus on patient safety and care.

In addition to further explaining these three areas of focus within the PiP activity during this conference
presentation, we will also discuss the elements of the IPE activity that had the greatest level of engagement of the students and will provide insights from the students, preceptors and educators as well as highlight next steps and potential research opportunities.

Presenters
Jocelyn Lehman
Mount Royal University
Tracy Powell
Mount Royal University

Authors
Abstract Name: Facilitating Interprofessional Collaboration at the Organizational Level: Considerations and Opportunities for Health Leaders

Category
Interactive Poster

Theme
Leadership

Presentation Description
Well established as an evidence based approach to benefitting patient, provider, and health systems, interprofessional collaboration requires an interactive system of supporting factors to establish success in implementation and integration into today’s healthcare contexts. Positive outcomes of interprofessional practice are well established in the literature, including benefits for patient populations, healthcare professionals, and organizations providing care. Interprofessional practice is central to improving a wide range of health system issues, such as patient safety, quality of care, patient and population outcomes, access to services and health workforce resources. Collaboration between professions advances ideas and innovation at high levels throughout a health organization, and improves health services management and healthcare system effectiveness (CIHC, 2009). For organizations, key outcomes of interest include reduced hospital length of stay and cost, and positive effects on key human health resource challenges, including provider satisfaction and workplace quality, and better recruitment and retention, particularly in difficult to recruit areas such as rural settings or specialty areas of practice.

Although the importance and positive outcomes of interprofessional care have been well established, evidence of ongoing organizational change to support interprofessional practice is lacking (Braithwaite, Westbrook & Travaglia, 2007). It is important to recognize that interprofessional collaboration is implemented, supported, and sustained within an interactive network of factors at individual, interpersonal, organizational and systemic levels. Much of the existing literature body focusses on individual and interpersonal factors; however, health professionals alone cannot create all of the needed factors for successful collaboration. If interprofessional collaboration is to be integrated throughout health systems, organizations must also support interprofessional team function. These organizational factors may be overt or tacit, intentional or unconscious, direct strategies, or secondary effects of other policies and goals.

If organizations are to support and facilitate interprofessional collaboration, recognition, dialogue, and strategy is needed regarding the organizational factors that provide supportive contexts for collaboration within institutional healthcare settings. Utilizing the Interprofessional Praxis Audit Framework (IPAF) (Greenfield et al, 2010) to structure organizational factors in interprofessional collaboration, this presentation describes literature review findings and summarizes key considerations for healthcare organizations and healthcare leaders. Areas included within the IPAF framework include of organizational context, culture, conduct, attitudes and information. As a resource for health leaders, this presentation identifies organizational factors that can support interprofessional collaborative
practice, as a resource for interprofessional collaborative practice development across a variety of healthcare organizational contexts. Patient, provider, organization and system benefits are intended end results, as applied by individual organizations within their specific cultures and contexts.

Presenters
Meghan McDonald
Saskatchewan Polytechnic

Authors
Abstract Name: Lessons learned and outcomes: an interprofessional mini-course on mental health. How to integrate simulation, work-based assessment for feedback, and perspectives on whole-task learning theory to teach interprofessional competencies.

Category
Interactive Poster

Theme
Education

Presentation Description
Competency-based outcomes, including for interprofessional collaboration, are increasingly emphasized in health professional education. In the context of mental health service delivery, interprofessional teams are widely embraced as a preferred practice model. Despite this, newly graduating health professional learners may not be adequately prepared as collaboration-ready clinicians who have developed the competencies to work in an interprofessional mental health team.

This interactive poster describes an interprofessional curriculum development project that led to an interprofessional mini-course on psychosis for pre-licensure health professional students at Dalhousie University. This collaboration involved the School of Nursing, School of Social Work, College of Pharmacy and the Department of Psychiatry at Dalhousie University.

The declared curriculum of this project was to have learners work in a team to collaboratively build partnerships between health providers and a simulated client; Collaboratively approach shared decision making around health and social issues pertaining to psychosis; Consider relevant clinical practice guidelines, and; Use supportive and strengths-based communication skills.

The presenters will describe how they integrated several approaches to accomplish this outcome including simulation based teaching methods and work-based assessment tools for feedback in the framework of an instructional design strategy that incorporated whole task learning theory.

Several theoretical foundations and perspectives will be highlighted during this presentation. This includes interprofessional education through the lens of learning complex whole tasks and instructional design strategies that may promote transfer of learning. The Four Component Instructional Design Model, as described by van Merriënboer, Clark, and de Croock (2002) will be highlighted as one method for course designers to promote learning. This includes discussion of the model and strategies to develop authentic learning tasks, supportive information, procedural information, and part-task practice. An overview of educational theories relevant to the development of interprofessional competencies as an outcome in course design will also be presented and there will be a discussion about using work-based observation tools for formative feedback. The Individual Teamwork and Observation Feedback Tool (iTOFT Consortium) will be highlighted as a competency informed feedback tool that can be integrated into course design. Perspectives on team-based simulation with standardized patients will also be
A focus of this presentation will be on ‘lessons learned’ and how similar approaches may be relevant to course designers in other contexts. Outcomes of the project will be highlighted and this will include results of a concurrent triangulation mixed-methods study design.

**Presenters**
Joshua Smalley
Dalhousie University

**Authors**
Tibbo Phil
Dalhousie University Department of Psychiatry
David Gardner
Dalhousie University College of Pharmacy and Department of Psychiatry
Jean Hughes
Dalhousie University Faculty of Health Professions School of Nursing
Sara Torres
Dalhousie University Faculty of Health Professions School of Social Work
Abstract Number: 734

Abstract Name: *Creating and implementing a framework for sustainable IPE curricular programming*

**Category**
Interactive Poster

**Theme**
Education

**Presentation Description**

**Abstract**

**Background/rationale**

The School of Community and Health Studies at Centennial College is a leader in Interprofessional Education (IPE). The School, spread across three campuses consists of six departments and offers certificate, diploma, postgraduate, apprenticeship and joint/collaborative degree programs. Our faculty and staff have presented at various conferences on IPE curricular innovations. The School created an IPE Directional Plan to provide a framework for its IPE activities among all programs. We are now in the process of implementing this plan.

**Method/methodology**

Our Plan uses the WHO Framework to define and provide strategies to incorporate IPE initiatives in our programs and has adapted the 2010 Canadian Interprofessional Health Collaborative national competency framework for our IPE experiences. The Plan was disseminated during our May 2014 School meeting. In order to encourage uptake and create increased capacity we worked with the University of Toronto, Centre for IPE to deliver professional development sessions during our August 2014 and August 2015 School meetings. These sessions highlighted our Directional Plan and helped build capacity in our faculty and staff. In Fall 2015, we created a collaboration with the Centre for IPE and now have one of their senior members act as an “IPE Scholar in Residence” to the School for its IPE programming.

**Results/outcomes**

Feedback from the school wide development events confirmed that members have varying levels of IPE background knowledge and are at different stages with respect to IPE activity development and/or use within their programs. Our Plan is helping us create enduring IPE curricular experiences among all programs. The “IPE Scholar in Residence” is working closely with our departments in creating new or enhancing the current IPE activities.

**Conclusions**

Building a framework is allowing us to create and enhance sustainable IPE curricular activities in a large School. We will continue to develop faculty capacity as we move forward.

**Presenters**
Abstract Name: Interprofessional ER Simulation for Allied Healthcare Students

Category
Oral Presentation

Theme
Education

Presentation Description

Background/rationale

Interprofessional simulation (IPS) is a learning activity healthcare students can engage in to develop their proficiency with interprofessional (IP) competencies such as patient/family centred care, and collaborative practice. IPS is also an effective way to enhance post-secondary student role-awareness in an emergency department setting (1). Numerous IPS experiences involving nursing and medical students have been documented (2), but there is a lack of available literature spotlighting allied health students. In the spring of 2017, students from five educational programs within the School of Health and Life Sciences at NAIT (Northern Alberta Institute of Technology) will participate in the pilot of a multiple-patient IPS experience in our new state-of-the-art simulation centre. When planning large-scale IPS events, it is important to realize that large groups of students benefit from a simulated experience without the necessity of each student actively participating in the scenario (3). Our three-year plan includes optimizing the educational benefits of this potentially recurring event to accompany our interprofessional (IP) course and eventually offer this experience to as many students as possible.

Method/methodology

We will be using mixed-methodologies to inform us of participant and facilitator outcomes. Questionnaires will provide a broad measure of student attitudes toward the simulation experience as well as attitudes toward IP education and collaborative practice in general. Focus groups will inform how the IPS experience contributed to participant/facilitator learning and attitudes, as well as allow participants to project how they will incorporate lessons learned into future practice.

Results/Outcomes

Specifically, we will be examining data from the IPS experience, to determine the following:

- How the IPS experience alters student perceptions of both the IP course, other healthcare professions and collaborative practice
- Desirable content of the IPS; as well as optimal timings of the IPS and IP course
- Best participant/actor ratios in order to create adequate stress, realism, and optimal learning in the various scenes of the IPS
- The attitudes of the participants about working in an IP setting (such as in an urban Emergency Department setting), pre and post simulation
- Best practices in creating IPS for students from various programs at the undergraduate level
Abstract Number: 742

Abstract Name: Overcoming Barriers to Interprofessional Education through Legislative Reform: a Colorado case study

Category
Oral Presentation

Theme
Policy

Presentation Description

Background: Pharmacy is one of the few health professions requiring student licensure (intern). Colorado statute required a licensed pharmacist to supervise interns while engaging in the practice of pharmacy, thus necessitating one to be present for each Interprofessional (IP) clinical experience. Aim: Allow pharmacy interns to participate fully in patient care activities when led by any member of the interprofessional health care team.

Methodology: Between 2010-2012 we identified stakeholders and engaged potential collaborators (other pharmacy and health professions schools, state board of pharmacy, Colorado Pharmacists Society, practitioners, and the public) to establish the need to change the law to expand quality IP opportunities for pharmacy students. We changed the law in 2012 and rules were drawn in 2013. We began to offer IP 4th year rotations in 2014 and pharmacy students reported their daily tasks during weeks 2 & 5 of their rotations.

Outcomes: The law allowed 12 health professions with overlap in scope of practice to supervise pharmacy students engaged in the practice of pharmacy. New advanced clinical training experiences were developed by primary care physicians, and more clinical pharmacy experiences were created at safety net clinics (40) and retail-community health centers (32); expanding IP elective rotations (10). Students at the primary care sites reported an average of 10.55 direct patient encounters (seeing patients, follow-up communications) per day; up to 28.1 indirect patient encounters (reviewing patient charts) and 3.5 non-patient care activities (time engaged with preceptor).

Conclusion: Changing law allowed more pharmacy students to contribute to IP patient care practices.

Presenters
Kari Franson
University of Colorado
Eric Gilliam
University of Colorado
Abstract Name: Development of an Interprofessional Clinical Education Model for Early Learners: Interprofessional Learning Exchange and Practice (ILEAP)

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Barriers to Interprofessional education in the clinical setting have created a lack of understanding of how students move from acquiring interprofessional competencies to functioning as collaborative practitioners. An IOM committee report1 highlights the need to understand and measure how a professional student masters knowledge as an individual or in a team and develops new skills while adding value to patient care and population health. The purpose of this project, supported by the Josiah Macy Jr. Foundation, is to design, implement and evaluate a clinical education model. The model, Interprofessional Learning Exchange and Practice (ILEAP), allows for students to develop collaborative skills through participation on interprofessional student teams in a clinical setting, with the added goal of impacting patient care in the clinical site in which they are working.

Methodology
The ILEAP model involves 1) readiness development of students for the collaborative clinical experience though a foundational course 2) readiness of the clinical sites and training of preceptors for the new education model of student interprofessional teams 3) site-selected clinical experiences 4) consistent student training on collaborative team skills 5) consistent quantitative and qualitative learning evaluation, and 6) measurement of students’ added value at the clinical sites. Five clinical student teams are being placed for a 13-week pilot program from January to April 2017.

We have engaged 5 diverse clinical sites in this participatory educational research. Clinical personnel at two federally qualified health centers (primary care clinics) and three Cleveland Clinic Foundation departments (emergency, medical intensive care, and pediatrics) work with student teams. Each student team consists of a first year medical, dental, physician assistant, nurse practitioner and graduate social work student. A multi-level, mixed-method evaluation plan captures the process, learning outcomes and impact outcomes measured collaboratively by the clinical site and the study team.

Results
We have implemented the pilot of all components of the ILEAP model. Steps to overcoming barriers for effective implementation have been identified and evaluation measurements chosen. Readiness of the clinical sites include collaborative planning with clinical site personnel and the ILEAP faculty team and training of clinical site personnel for coaching interprofessional team skills. The design includes identifying a target population of patients, choosing the clinical experience for the students and selecting measurements to identify clinical improvements. Common core student experiences at each site consist
of 1) student teams interacting with patients to create a meaningful experience and added value and 2) curricular structure for the students to work and learn collaboratively to acquire interprofessional competencies and team skills.

Conclusions
We are testing a clinical education model that allows for learning collaborative skills within an interprofessional student team in a clinical setting, at an early stage of professional development. Implementation includes the development of a shared mental model of the ILEAP team and the professionals at each clinical site to identify the target patient population, clinical function of the students and added value to the site. The development of the curriculum for the students includes consistent collaborative skills development and evaluation at all sites.

Presenters
Ellen Luebbers
Case Western Reserve University School of Medicine

Authors
Catherine Demko
Case Western Reserve University School of Dental Medicine
Scott Wilkes
Mandel School of Applied Social Sciences
Carol Savrin
Frances Payne Bolton School of Nursing
Ritta Pappas
CWRU Learner College of Medicine
Njoke Thomas
Case Western Reserve University Weatherhead School of Management
Abstract Name: Assessment of interprofessional learning among healthcare students using a TeamSTEPPs approach

Category
Interactive Poster

Theme
Education

Presentation Description
Studies have shown that several common barriers have been shown to deter teamwork in interprofessional healthcare environments. TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) is a teamwork program developed by the Department of Defense designed to teach healthcare professionals the fundamentals of mutual support, communication, leadership and situational monitoring. TeamSTEPPS training has been shown to be effective in improving teamwork efficiency and patient safety. The purpose of this study is to better understand the extent to which students in different health professions perceive barriers to teamwork and how students from different professional schools value different TeamSTEPPS tools. 42 nursing, pharmacy and medical students attended a five hour TeamSTEPPS training. The participants were required to complete a survey prior to completing TeamSTEPPS training on how they perceive certain barriers to teamwork and communication. After the training, participants were asked which TeamSTEPPS tools they perceived of greatest use to them in their respective fields. The healthcare students reported that the three most serious barriers to communication were lack of time, (mean = 3.95, SD = 0.94), lack of information (mean = 4.00, SD = 0.96) and lack of coordination and follow-up will teammates (mean = 3.74, SD = 0.99). Out of all the TeamSTEPPS tools utilized in the training, the students found SBAR (Situation, Background, Assessment, Recommendation) to be the most useful tool for their future professions. The correlation between these two factors may yield useful information on how to implement TeamSTEPPS training for different professions.

Presenters
Michael Hughes
University of Central Florida College of Medicine/ Medical Student
Authors
Shiva Kalidindi
Nemours Children's Hospital, Orlando FL
Abstract Number: 746

Abstract Name: *Communication as the Foundation of Culture Change*

**Category**
Oral Presentation

**Theme**
Leadership

**Presentation Description**

**Background/Rationale**
Communication is widely agreed upon as a central tenet of interprofessional collaboration (CIHC, 2010) and culture change. There is much literature available focusing on team-based communication, however there is limited information available about how to advance interprofessional communication at the level of the organization. Kahan (2013) poses a model where ‘collaborative construction of shared understanding’ is central to advancing organizational change. This presentation outlines a multi model approach to enterprise-wide communication at an academic health sciences centre regarding the organization’s Interprofessional Collaboration (IPC) Strategy.

**Method/Methodology**
The communication plan for the IPC strategy was developed by a steering committee comprised of diverse leaders, including a patient partner and representatives from health professions, quality and patient safety, organizational development and leadership, human resources and community/stakeholder relations. The plan was fundamental in supporting the vision and goals of the IPC Strategy and was a primary driver of behaviour change. It aimed to achieve three purposes; 1) raise awareness and understanding of the strategy through a rapport driven approach with over 10,000 staff, physicians, volunteers, and students, across three campuses, 2) inspire and motivate stakeholders to make desired changes in behaviour through deep engagement in priority areas of action, and 3) recognize and celebrate achievements using stories of significant impact.

Initiatives shared in this presentation will include the communication infrastructure, role of leaders to communicate in authentic, personal ways, development of clear, compelling messages, including communication tools and resources that have been created and implemented to ensure a continuous bi-directional flow of both information and dialogue. More specifically this will include a visual concept to promote strategy recognition, a framework to connect the shared vision with competencies and behaviours in priority areas of action, interactive webpages, a corporate dashboard to share performance metrics and impact, a quarterly update to highlight ongoing progress featuring stories and the work of teams, and forums that bring people together to connect, exchange ideas and explore shared creative strategies for change.

**Results/Outcomes**
Anecdotal evidence and qualitative feedback suggest that teams are actively engaging with online content. Web page analytics will be highlighted. The visual concept, framework, and corporate dashboard have been positively received by organizational leaders and samples will be shared. In addition, a longitudinal qualitative research study has been commenced to explore the level of
organizational awareness of the IPC strategy, the understanding of key concepts, impact on practice behaviours, and change over time. Preliminary data will be shared. Challenges, successes and lessons learned about ensuring clarity of message, building trust and relationships through clear and consistent information will also be shared.

Conclusions
In a complex environment, with rapidly flowing information, leading cultural transformation requires purposeful communication in an environment where meaningful information flows freely in all directions. Initial gains have been achieved by layering diverse methods using both content and relationship based strategies.

Presenters
Elizabeth McLaney
Sunnybrook Health Sciences Centre
Elizabeth McLaney
Sunnybrook Health Sciences Centre

Authors
Katherine Nazimek
Sunnybrook Health Sciences Centre
Abstract Name: Design and impact of an orientation for an interprofessional education program

Category
Oral Presentation

Theme
Education

Presentation Description

Background
The Vanderbilt Program in Interprofessional Learning (VPIL) is a longitudinal program where teams of four students work and learn together in clinical environments, one afternoon a week over two years. The teams of medical, advanced practice nursing, pharmacy, and social work students are from four different institutions located in Nashville, Tennessee. VPIL has admitted 7 cohorts of students between 2010-2016. The program has gone through multiple iterations and improvement cycles; however, one element of the program has remained consistent – a required, multiday immersive orientation before students begin their home professional curricula. The curriculum for Immersion Week not only introduces the new students to elements of Interprofessional Education and Interprofessional Collaborative Practice but also to the community and social determinants of health.

The focus of this presentation is to describe the design of the Immersion Week, report student feedback over the past six years, and discuss lessons learned that may provide guidance to other educational programs.

Curricular design
Immersion is strategically scheduled before the students start in their respective academic programs to reduce professional biases and promote development of shared health identities.

Each day has activities dedicated to a distinct theme with corresponding learning objectives: Introduction to the Self, Community, Professions, and Patient. The Immersion Week learning activities are rooted in theories of experiential education(1) therefore activities are purposefully designed to fully engage the students with the full spectrum of factors impacting health. IPE/IPCP competencies are incorporated into each day and each activity. The activities promote team building and introduce conflict management. For many students, Nashville is a new location, and the Community day serves as an introduction to the social determinants of health within the context of this community.

Social and community building social elements are incorporated into the week’s activities.

Impact
The students review and rate the Immersion experience each year for continual improvement. Student ratings over a six-year period (2011-2015) is consistently high with average overall rating of 6.01 and the lowest rating of 4.64 for the windshield survey (scale 1-7 (excellent)). Student comments include “the thoughtful planning of each moment of the day was evident throughout” and “I learned valuable information about Vanderbilt, VPIL, interprofessional learning, and how I might be a more effective team member”.

Lessons Learned
We have incorporated student feedback and streamlined the experience to a 4 day program. In general,
the experiential learning activities are more popular than panel discussions or lectures. One of the successes of our program is Community Day as a central focus of the week. We emphasize the importance of holding this immersion experience before home curriculum starts, as one cohort was less cohesive when immersion occurred after academic start dates.

**Presenters**

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Melissa Hilmes  
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**Authors**

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Donna Rosenstiel  
Vanderbilt University School of Medicine  
Heather Davidson  
Vanderbilt University School of Medicine
Abstract Name: *Promoting Family Medicine Residents’ Capacity to Collaborate: A Core CanMED Competency*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**

**Background/Rationale:** Evidence suggests that an interprofessional approach can improve health outcomes of conditions common to primary care (1). The introduction of interprofessional teams to primary care settings provides a unique opportunity for medical residents to work together towards patient/family/community-centered care (2), while progressing towards becoming skilled collaborators, a core CanMED competency (3). However, little is known about medical residents’ experiences with interprofessional collaboration, particularly with rehabilitation professionals. The purpose of this study was to explore family medicine residents’ understanding and value of interprofessional collaboration with physical therapists and occupational therapists in a primary care setting.

**Methodology:** A descriptive concurrent mixed methods single case study was conducted to examine resident understanding from two viewpoints. Residents (n=13) participated in 1 of 4 focus groups, which allowed us to ask them directly about their knowledge and beliefs. Two researchers independently coded transcripts, met to discuss coding decisions, and grouped codes into themes. Concurrently, data was extracted from referrals (n=129) written by first year residents (n=29) to rehabilitation services over a two-year period, which allowed us to analyze the implementation of knowledge and beliefs into practice. Data on services requested, reasons for referral, and referral diagnoses were analyzed descriptively. Referral frequency from the first to the last month of clinic exposure was compared using a paired t-test.

**Results:** Qualitatively, three main themes emerged from the data: 1) Broader than I thought – referring to the scope of the role of OT and PT in primary care over their period of exposure at the clinic; 2) Value of unique skills of the OT and PT and shared roles with residents; and 3) Facilitators to interprofessional collaboration and learning that included previous positive interprofessional experiences, the resident’s patient focus, and the learning context. From a quantitative perspective, referrals to physical therapy and occupational therapy increased from the first month (17; x=.62, SE=.17) to the last month (30; x=1.03, SE=.25) of resident exposure to the interprofessional team, but not significantly (paired t-test(30)=.41, p=.14). Referral diagnoses represented 12 of the ICD10 categories, but the majority of referral diagnoses were musculoskeletal. There were 10 broad categories of referral reasons, with the three most frequent being “nonspecific” (i.e. no reason was given), “exercises” “strength”, and “function”.

**Conclusions:** Interprofessional teaching in the primary care setting context developed residents’ knowledge of collaboration opportunities with rehabilitation professionals. Though much like their
interprofessional educational experiences, there was variability among residents in their learning about the role of rehabilitation in primary care. Further, even residents expressing a high level of knowledge and value in the role of rehabilitation in primary care struggled with decisions about when and how to collaborate with OT and PT to best meet the patients’ and their own learning needs. Future research should focus on factors that support residents’ ongoing development of the collaborator role.

Presenters
Moni Fricke
University of Manitoba

Authors
Cara Brown
University of Manitoba
Leanne Leclair
University of Manitoba
Pamela Wener
University of Manitoba
Abstract Name: Collaboration for Chronic Care Management: Establishing an Interprofessional Healthcare Partnership

This presentation will provide an overview of a three year federally-funded project of an interprofessional collaborative practice with family nurse practitioner (FNP), speech-language pathology (SLP), occupational (OT) and physical therapy (PT) students managing clients with multiple chronic conditions (MCC) in a graduate school-based rehabilitative center. The Chronic Care Model (CCM) is a well-researched, innovative model for providing high quality, safe, effective chronic care to a variety of target populations with multiple chronic conditions (Bodenheimer, Wagner & Grumbach, 2002). Students participated in a series of interprofessional courses and shared learning activities to foster their development of the IPEC competencies (AACN, 2011) and incorporated concepts from the Chronic Care Model (Bodenheimer, Wagner & Grumbach, 2002) to provide integrative clinical care.

Focusing on chronic illness, selected learning activities included a common reading interprofessional case rounds and simulation. During the second and third year of the nursing program, 20 FNP students engaged in a shared interprofessional practice model providing comprehensive assessments, self-care management workshops, and health mentoring for clients receiving rehabilitative services. Theoretical content included chronic care management and introduction to the international classification of functioning disability and health. Interprofessional team simulations promoted teamwork and communication skills.

Students reported a high degree of relevance, realism and appreciated the opportunity to interact with other health professional students in a clinical setting.

The speakers will present a sample of learning activities, preliminary program findings and challenges to implementing an interprofessional program.

Presenters
Patricia Reidy
MGH Institute of Health Professions
Clara Gona
MGH Institute of Health Professions
Jane Baldwin
MGH Institute of Health Professions
Regina Doherty
MGH Institute of Health Professions
Mary Knab
MGH Institute of Health Professions

Authors
Eileen Hunsaker
MGH Institute of Health Professions
Abstract Number: 752

Abstract Name: Culinary Medicine: Interprofessional Nutrition Education Strengthens Collaborative Practice Among Health Professions Students

Category
Interactive Poster

Theme
Education

Presentation Description

Nutrition plays a vital role in disease prevention and health promotion. Although health care professionals recognize the value of healthful eating practices, few medical and health professions school curriculums provide adequate practical integration of the effects of nutrition and eating behavior on chronic disease management and quality of life. The purpose of this project was to pilot an innovative nutrition curriculum with hands-on training in the culinary arts for medical students.

The Culinary Medicine program was originally developed at the Tulane University Goldring Center for Culinary Medicine (GCCM) in 2012 for the purpose of educating medical students about nutrition principles and dietary applications in the prevention and treatment of diet-related diseases. In 2014, the Culinary Medicine curriculum was first piloted in Fort Worth, TX as a collaborative interprofessional program for multidisciplinary health professions students and coordinated by dietetics and medical faculty from the University of North Texas Health Science Center (UNTHSC), Texas College of Osteopathic Medicine (TCOM), Texas Christian University (TCU) and Moncrief Cancer Institute. This innovative program is currently offered as an elective course and creates a unique opportunity for medical, dietetics, and physician assistant students to learn about, from, and with each other by integrating practical nutrition applications and interprofessional core competencies.

Students participate in pre-class assignments, case study exercises, hands-on culinary activities, and facilitated discussions that emphasize the value of health care professionals sharing knowledge, skills, and working together to optimize patient health. Overriding course concepts integrate medical nutrition learning outcomes with culinary nutrition learning outcomes. Weekly classes focus on teaching interprofessional student teams about how to connect the principles in medical nutrition therapy with healthy eating practices that can be utilized by future patients to help prevent and manage chronic health conditions such as cardiovascular disease, diabetes, and hypertension disorders. Students also learn skills for educating their patients about the importance of meal planning and grocery shopping tips, food preparation techniques, modifying recipes by substituting healthier fats and reducing sugars and sodium, and adapting eating practices among different cultures and different ages.

Successful outcomes during the last three years of the Culinary Medicine program underline the value of interprofessional education among health professions students for enhancing their knowledge about the impact of healthy eating practices in the prevention and treatment of diet-related illnesses. Students also learned the value of each of their professions as key contributors and collaborators in providing quality patient care as clinicians.
Presenters
Lyn Dart
Texas Christian University
Anne VanBeber
Department of Nutritional Sciences, Texas Christian University
Jada Stevenson
Department of Nutritional Sciences, Texas Christian University
David Farmer
Department of Interprofessional Education, University of North Texas Health Science Center

Authors
Abstract Name: The Impact of an Interprofessional Care Team in a Nurse-led Clinic

Presentation Description

As health care delivery changes, nurses are at the forefront of leading interprofessional teams. The IOM “Health Professions Education” report (2003) recommends five competencies in the following areas deemed essential for all health care providers: 1) patient-centered care, 2) interdisciplinary teams, 3) evidence-based practice, 4) quality improvement measures, and 5) informatics (IOM, 2003). Innovative team-based models of primary care delivery can increase capacity, improve efficiency, help control cost, and encourage use of primary care and preventive services (McCarthy, Cohen, & Johnson, 2013). Health care education has a responsibility to train health professions in team-based models. Archer Family Health Care, a nurse-led rural health clinic is committed to the implementation and training of interprofessional health care models. With the support of a HRSA award, the practice has successfully implemented an interprofessional care team. Team members include nursing, pharmacy, medicine, behavioral health, case management, clinical staff and students. Goals and objectives of this project address the triple aim of improving the care experience, improving the health of patient populations, and reducing health care costs. Additionally, the project provides health professions students the opportunity to participate in an interprofessional model of care. This presentation will focus on the impact of the implementation of an interprofessional care team on team members, patients and students in a nurse-led rural health clinic.

Presenters
Denise Schentrup
University of Florida
Karen Whalen
University of Florida College of Pharmacy

Authors
Erik Black
Associate Director, University of Florida, Office of Interprofessional Education
Amy Blue
University of Florida College of Public Health and Health Professions
Abstract Number: 754

Abstract Name: Implementing a large scale IPE event: The Dalmazing experience.

Category
Oral Presentation

Theme
Education

Presentation Description

Background/rationale:
The Canadian Interprofessional Health Collaborative (CIHC) describes interprofessional education (IPE) as “the process by which we train or educate practitioners to work collaboratively” and identifies IPE as a “complex process that requires us to look at learning differently” (CIHC, 2010). In the interest of having first year students learn experientially about foundational skills required for the interprofessional (IP) competencies, the health-related faculties at Dalhousie (Dentistry, Health Professions, and Medicine) designed a large-scale IPE event during the first month of the academic year: The Dalmazing Interprofessional Challenge.

Method/methodology:
The event occurred in a three hour period on one day, distributed over two large venues on campus. The collaborative design team developed three stations for interprofessional teams to complete various tasks, based on the six IP competencies (CIHC, 2010). A learning management system (Brightspace) was used to communicate and organize students and faculty. Student were individually assigned to interprofessional teams of 10 students. All students were required to complete an online preparation module, CIHC competency pre-quiz and readiness for IP learning questionnaires. Once the module was completed, students were assigned to a team and venue. Faculty and staff were recruited as facilitators, with one facilitator assigned to each team. Facilitator training was conducted via Brightspace and included the student pre-readings, CIHC competency quiz, facilitator manual and instructional videos for each of the three face-to-face IP challenge stations. Each station had primary learning objectives from two different IP competencies (CIHC, 2010). Teams debriefed following completion of each station and completed group questions identifying specific IP competencies primarily addressed at the station. Following the completion of the three stations, a voluntary reception for all students and facilitators was held. A post-event on-line survey (Opinio) was distributed to all facilitators as part of a quality evaluation plan.

Results/outcomes:
The Dalmazing Interprofessional Challenge was held on Sept 22, 2016 with approximately 1000 students and over 100 faculty and staff representing 23 programs from three different faculties. Facilitator feedback (n=61) included likert ratings and free text responses. For the most part – feedback was rated as agree/strongly agree in support of the event’s purpose. Feedback from facilitators noted slightly less agreement for items asking about their own knowledge of CIHC competencies as well as student team decision-making and listening skills.

Conclusions:
This interprofessional event successfully embedded into the curricula in 23 programs from three faculties
engaging close to 1000 students. The data from facilitator feedback survey suggests it is a feasible introductory event aimed to work on pre-IP skills development. Future plans include making this large scale first year IPE event an annual experience for all health-program students during their first month at Dalhousie.

**Presenters**

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Faculty of Health Professions, Dalhousie University  
Leanne French-Munn  
Dalhousie University  
Robert Boulay  
Dalhousie University
Abstract Number: 755

Abstract Name: Service Learning in Interprofessional Education: Evaluating the Longitudinal Impact of a Dedicated Program

Category
Oral Presentation

Theme
Education

Presentation Description

Historically, health professions students have had minimal contact with one another throughout their education and yet are expected to perform as an ideal team upon first contact in a clinical setting to render safe and efficient patient care. While this paradigm is changing, there is still a paucity of information regarding how to most effectively implement interprofessional experiences into the traditional model of education for health professions students. As a relatively new player on the scene, Virginia Tech Carilion School of Medicine (VTSCOM) in Roanoke, VA is one of only a handful of medical schools with a dedicated, yearlong, interprofessional program that places medical students in the same physical classrooms as local physician’s assistant and nursing students from Jefferson College of Health Sciences. Throughout the school year, M1 students in this program learn and work with other health professions students on various projects and simulations designed to enhance their understanding of different healthcare careers, foster effective communication, and develop positive team behaviors, with the ultimate goal of developing physician thought leaders who will be productive members of a healthcare team and continue to have a positive impact in their communities. One component of this program that consistently receives high reviews from students is the Service Learning Project, which involves interprofessional student groups partnering with local organizations to address some area of need in the community. These projects are the result of nearly one year’s worth of value assessments, negotiations, planning, and teamwork on the part of students from different health professions. While other studies have evaluated the efficacy of community service learning as a vehicle for interprofessional education, the goals of our study are to determine whether these sentiments remain consistent through the clerkship years and after graduation, to evaluate whether these service projects prompt future community engagement, and to provide a student perspective on service learning in interprofessional education.

The presentation will begin with an overview of VTCSOM’s interprofessional program and some of the different activities that students engage in throughout the year. Service Learning Projects (SLPs) will be introduced and set the stage for a discussion regarding student negotiations, value understanding, and project implementation in a team-based fashion. Previous years’ projects and partner organizations will be discussed, as well as the community impact from such projects. 1st year medical student feedback taken from end-of-project evaluations will also be discussed and will set the stage for more detailed presentation concerning key areas that were explicitly highlighted by students. These details will pave the way for a discussion regarding a questionnaire that will be administered to M3s, M4s, and alumni from previously graduated classes that will seek to identify whether the perceived benefit of SLPs changes over time and whether there is any correlation to current level of community involvement.
Presenters
Malek Bouzaher
Virginia Tech Carilion School of Medicine

Authors
David Trinkle
Virginia Tech Carilion School of Medicine
Christopher McLaughlin
Virginia Tech Carilion School of Medicine
Abstract Name: Comparing learning effectiveness of 3 geriatric interprofessional educational programs in students from 7 professional schools

Presentation Description

Background:
Interprofessional Education (IPE) is recommended or required among the accrediting bodies of many health professions. Despite the rise in IPE, research suggests that many graduates of United States health professional programs are not required to complete IPE, and therefore may be ill-equipped to effectively practice in a growing culture of team-based care (Zorek & Raehl, 2013). Even when accreditation mandates and curricular recommendations exist for interprofessional education (IPE), systematic implementation among universities has been variable (Rodger & Hoffman, 2010).

Method:
Students from seven professional schools (dentistry, medicine, occupational therapy, pharmacy, physical therapy, physician assistant and social work) at the University of Southern California participated in 3 geriatric interprofessional (IP) educational programs, each with different foci and goals. The Interprofessional Geriatric Curriculum (IPGC) places teams of 7 IP students with an older adult residing in a subsidized housing community where the team completes 3 student-led assessments over an academic year. Students learning is focused on medications, function (cognitive and gait) and oral health and nutrition, as well as learning from each other to gain a broader perspective on how different professions approach issues affecting aging. The Student Senior Partnership Program (SSPP) pairs teams of 3 IP students with a community dwelling senior volunteer. Teams meet with their senior volunteer 3 times over the year to conduct interviews focused on understanding adaptive aging, such as maintaining physical health and wellness, maintaining social connections and relationships, and maintaining cognitive stimulation and meaningful activities. In a half-day Geriatric Assessment Clinic (GAP) students from 5 professional schools observe a team of 8 clinical faculty conduct patient assessments. Located within a family medicine primary care clinic, results are integrated into a patient and family-centered care plan. Students’ observations are focused on the roles of the faculty clinicians, team cohesion and interaction, and evaluation of geriatric syndromes.

Outcomes & Conclusions:
All students were surveyed pre- and post-program participation regarding 1) their prior and current IP learning experiences, 2) their attitudes towards learning about, with, and from students from other professions and 3) their attitudes towards treating older adults (Ruben & Lee, 1998). Survey results were tabulated and analyzed. Comparison across programs in overall response to the learning experience will be provided. Correlations between IP learning setting and attitudinal changes in students will be discussed. Implications for development of IP learning experiences will be explored.

Presenters
Authors

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Depts of Neurology & Family Medicine, School of Medicine, University of Southern California
Ashley Halle
School of Occupational Therapy, University of Southern California
Abstract Number: 761

Abstract Name: Desirable Attributes of Healthcare Professionals: An Interprofessional Education Session Between Pharmacy and Medical Students

Category
Oral Presentation

Theme
Education

Presentation Description
An important part of interprofessional education (IPE) is using the knowledge of one’s role and those of other professions in order to promote the health of populations. Having a better understanding of roles allows students to identify shared values, which subsequently creates an environment of mutual respect.

An IPE session was conducted between first year pharmacy (P1; n=192) and medical (M1; n=165) students at an academic health science center in the southeastern United States. During an IPE session, students were given a survey requesting demographic information (e.g. age, sex). They were also asked to rank order a list of nine attributes that are desirable qualities in a “GOOD” pharmacist and physician, with 1 being the most important and 9 being the least important. The nine qualities included: 1) friendly and attentive, 2) caring or compassionate, 3) knowledgeable, smart, 4) good communicator, 5) up-to-date on contemporary practices and therapies, 6) considers the cost of care/procedures and/or medications, 7) spends the necessary time to establish a good patient-practitioner relationship, 8) within reason, the physician/pharmacist is available when needed, and 9) precise, accurate and thorough. Students in both professions were asked first to rank the qualities for their own profession and were then instructed to complete the same survey for the other profession.

Two weeks later the same students gathered to discuss the results. The median age for both groups was 23 years. Medicine had more males (M1: 66.4% male), while pharmacy had more females (P1: 40.5% male) enrolled. Medicine students identified communication as the most important quality of a GOOD pharmacist, with a mean ± SD of 3.08 ± 1.91 (25% of M1s), while pharmacy students identified knowledgeable/smart as the number one quality with a mean ± SD of 2.91 ± 2.17 (37% of P1s). It is interesting that 37% of pharmacy students thought knowledgeable/smart was most important compared to 24% of medicine students. Both groups identified availability as the least important quality of a GOOD pharmacist with a mean ± SD of 6.97 ± 2.03 for M1s (30%) and 6.66 ± 2.41 for P1s (28%).

In the survey about qualities most important for a GOOD physician, both medicine and pharmacy students identified knowledgeable/smart as the number one quality with a mean ± SD of 3.16 ± 2.20 for M1s (28%) and 2.61 ± 1.98 for P1s (41%). Although this was the number one attribute selected by both professions, it is interesting to note that a greater percentage of pharmacy students (41%) thought this was important compared to medicine students (28%). Both groups again identified availability as the least important quality with a mean ± SD 7.47±1.74 for M1s (38%) and 7.03 ± 2.08 for P1s (31%). The session included lively discussion of role delineation, perceived profession-
specific stereotypes, profession-specific barriers to achieving these desirable attributes, and qualities of
good pharmacists and physicians. The session concluded with discussion of what students learned
through participation in this interprofessional activity.

Presenters

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Authors
Abstract Number: 762

Abstract Name: Using IPE to address Mental Health and Primary Care Needs of a Rural Under served Population

Category
Oral Presentation

Theme
Education

Presentation Description
Using the interprofessional collaborative practice competencies to meet student learning needs and healthcare needs of a vulnerable population an academic-clinical partnership developed. The partnership provides opportunities for four disciplines to come together to find ways to better meet the needs of the patient population.

Nursing, Social Work, and Occupational Therapy, and Health Education and Health Promotion students from one University, practice one day a week in a community Free Clinic with faculty supervision. They work together to improve the quality of life of uninsured patients identified with both mental health and chronic disease. While addressing patient’s healthcare needs, they practice the core competencies of IPE. Relationships between faculty, students, and patients reinforce the collaborative care model. In addition to providing hands on clinical practice, this team of students prepare for their interprofessional experience by participating in an online learning environment. The online modules introduce the IPE core competencies and practices related to each discipline.

Outcomes of data will be presented in detail. The data collected during a three year period includes: patient and student demographics; patient outcomes pre and post interventions; student knowledge, satisfaction, and confidence pre and post clinical experience.

In conclusion, modifications to our program from lessons learned have occurred. Despite the positive response from community stakeholders, students, and patients, sustainability remains a primary concern. We continue to advocate for creating a culture of support from the University to maintain the developed partnership providing interprofessional education and a clinical practice site meeting a population of underserved individuals within a rural Free Clinic.

Presenters
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Abstract Number: 763

Abstract Name: Reaching Innu and Atikamekw Youths in their communities: Future Healthcare Professionals Working Together

Category
Oral Presentation

Theme
Education

Presentation Description

Background
Mini-Schools of Health are held since 2011 in indigenous communities by the Université de Montréal’s Faculty of Medicine and the student’s Groupe d’intérêt en santé autochtone (GISA). These events take place in schools and allow health sciences and social work undergraduates to discuss health issues with Innu and Atikamekw youths. The Mini-School aims to promote school perseverance, a healthy lifestyle, and build cultural competence in undergraduates. Mini-School participants come from thirteen different undergraduate programs and multidisciplinary collaboration is facilitated by commonly addressing complex indigenous health issues.

Method
Mini-Schools take place three times a year. The communities of Wemotaci and Manawan are visited in the fall or spring, during a one-day trip. The third Mini-School takes place in June during a full week. Innu communities located in the Côte-Nord region, notably Ekuanitshit and Nutashkuan, are visited. Between 250 and 300 students are met yearly in each community by forty undergraduates. Recruitment of undergraduates is managed by the GISA and the Interprofesionnal Student Council. Pre-departure training is mandatory to provide knowledge about the community’s reality and promote respectful and culturally informed interactions. Interdisciplinary exchanges are initiated during the training as participants from various programs bring different perspectives in the discussion. Mini-Schools are held a few days after training and allow undergraduates to join students in class to discuss various themes. In elementary schools, the pleasure of physical activity and healthy eating are addressed, as well as general well-being. In high schools, emphasis is given to complex health issues such as mental health, drug abuse and sexual health. At the same time, other participants host kiosks in the gymnasium and share with students their passion about their future profession. Interactive games are organized to present career prospects such as: nurse, doctor, social worker, pharmacist, nutritionist, optometrist, dentist, audiologist and physiotherapist. Mini-Schools are concluded by a community dinner and a visit to the healthcare facility.

Outcomes
Since the introduction of the Mini-Schools in 2011, more than five hundred undergraduates have taken part in the project. Medical students were the only participants at first but the potential for interprofessional education was soon perceived and students from other programs, mainly in health sciences but also information sciences, were invited to join. Participants from various study programs have developed strong friendships and have kept in touch by organizing social and academic activities. Positive feedback is commonly reported from undergraduates and students. In-person meetings with school administrations and teachers revealed a great level of community satisfaction with these
activities. The good reception of the Mini-Schools suggests a short-term positive impact. The long-term impact is yet difficult to measure since it will require data such as the evolution of the graduation rate and the number of future health professionals from these communities.

Conclusions

The immersive and intense experience of the Mini-School might be prone to enhance readiness for interprofessional collaboration among future healthcare professionals. This project also allows rich interactions in the communities that hopefully will encourage students to believe in their dream and to become healthcare professionals.

Presenters

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Abstract Number: 771

Abstract Name: Exploring Hopes and Fears in Interprofessional Teamwork: A Technique to Facilitate Intergroup Dialogue

Category
Interactive Workshop

Theme
Education

Presentation Description

Background and Rationale
In 2013, the Yale Schools of Medicine, Nursing, and Physician Associate (PA) Program jointly developed and implemented the Yale Interprofessional Longitudinal Clinical Experience (ILCE), an innovative, year-long interprofessional education (IPE) program to engage newly matriculated students in collaborative practice. After three pilots and an extensive processes and outcomes evaluation, the ILCE has gained full institutional support at Yale. Starting in the Fall of 2016, every first year medical, nursing, and PA student practice clinical skills weekly in small teams of four students at 63 clinical sites across Connecticut. To augment the interprofessional learning that occurs at the sites, we have developed four “classroom type” sessions to engage students in structured intergroup dialogue. The classroom sessions include didactic material delivered to the large group and small group facilitated discussion. The four sessions are scheduled to follow the anticipated cycles of team development: forming, norming, storming, and performing. The first session explores the historical concerns and aspirations that students (and faculty) bring to working in interprofessional teams. The goal of our IPE initial classroom activity is to begin the process of creating an environment in which talk across professional groups can be candid, constructive and educational for all involved. We propose a 60-minute highly-interactive workshop to demonstrate our intergroup dialogue technique while facilitating discussions about hopes and fears among interprofessional groups during team formation.

Engagement Methods
After a short presentation describing our IPE innovation and workshop activities, we will engage session participants in intergroup dialogue. Participants will break into groups by shared professional identity (e.g. nurses, pharmacists, physical therapists, physicians, physician assistants, social workers, etc.) to reflect on, discuss, and record their reactions to a central probe. Then, all workshop participants will reconvene to share their discussion records by group, discuss similarities and differences between professional groups, identify most surprising findings, and offer ideas for next steps. The workshop session will end with a summary of lessons learned during similar activities during presenters’ IPE innovations. Participants will take home an outline of activities and probes to facilitate intergroup dialogue at their institutions.

Session Outline

10 minutes: Presenters will outline the session objectives, describe intergroup theory framework, and orient participants to workshop activities.
3 minutes: Participants will engage in brief ice-break exercise to reveal professional identities.
2 minutes: Participants will form groups by professional identity
15 minutes: Participants will reflect, discuss and record candid responses to the probe: What are your hopes and fears about learning/working in an interprofessional team?
1 minute: Presenters will reconvene the full group.
6 minutes: At least three different professional group will be asked to read aloud their hopes and fears
10 minutes: Participants will reflect and discuss on similarities and differences across groups and share most surprising lessons learned. Then, all participants will be invited to reflect
5 minutes: Participants will reflect and share possible steps to optimize hopes and minimize fears before engaging in interprofessional teamwork.
5 minutes: Presenters will summarize and illustrate lessons learned with examples from their trainees.

Presenters
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Barry Wu
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Abstract Name: *Usefulness and Validity of the Team Development Measure (TDM) for Assessing Team Development in Interprofessional Education*

**Category**
Oral Presentation

**Theme**
Education

**Presentation Description**
Background/rationale: As we develop interprofessional education, we need tools to assess team development in the educational setting. The Team Development Measure (TDM), was created for use with teams in clinical settings. The purpose of this presentation is to share our experience with, and validity evidence for use of the TDM in a classroom-based interprofessional education course for students in dentistry, medicine, nursing, physician assistant, physical therapy, and pharmacy programs.

Methods: We gathered evidence in four of five domains of validity set forth in the 2014 American Educational Research Association (AERA) Standards for Educational and Psychological Testing. We assessed the Content Validity of the tool by reviewing reported information about the development of the TDM and mapping the assessment items to the goals and objectives of our Interprofessional Education and Development (IPED) course. We assessed the clarity of the Response Processes through review by a faculty committee and feedback from students who used the TDM. We assessed the Internal Structure of the tool when applied to our education setting by inspecting change in team scores over time and calculating Cronbach’s alpha to assess internal consistency. We assessed Consequential Validity by gathering evidence of changes in team functioning that accrued when the teams incorporated feedback from early administrations of the tool.

Results/outcomes: Content validity: Stock, Mahoney, & Carney (2013) describe the development and selection of the items on the TDM. The relevance to our IPED course was established by identifying a close match between the TDM components and the IPED goals and objectives that address teamwork and collaboration. Response process: Faculty who reviewed the instructions and items of the TDM found the instructions clear and items easy to respond to. The Likert-scale structure of the item responses was familiar to students in the course. Student responses on the course evaluation indicated that many students found the TDM to be a valuable platform to express how their team is developing. Internal structure: We identified an increase over time in mean team scores, indicating that the TDM measures growth in team functioning. We also noted a spread of responses each time the tool was administered, which suggests that the TDM discriminates between teams that function differently in our IPED classroom setting. Consequences of using tool: Data from the TDM provided was provided to IPED teams and helped them identify strengths and weaknesses in their team function. Specific feedback led to several teams identifying areas for improvement, which they worked on during the rest of the course.

Conclusions: Evidence from our use of the TDM in a classroom-based interprofessional course provides support for the hypotheses that its content is appropriate and relevant to this setting, instructions and
required responses are easily understood, the tool yields data that indicate internal consistency/reliability and show meaningful growth in team functioning over time, and feedback provided by the tool helps teams improve their ways of working together. Taken together, this builds a strong case that using the TDM in this setting is valid and helpful.

Presenters

Wendy Madigosky
University of Colorado Anschutz Medical Campus

Authors

Janice Hanson
University of Colorado Anschutz Medical Campus
Abstract Name: Bridging the Gap: The Development of Interprofessional Clinical Education Partnerships and Implementation of Interprofessional Clinical Rotation Models

Category
Symposia / Panel
Theme
Practice

Presentation Description

While a number of pioneering efforts espoused the idea of interprofessionalism throughout the 19th century, President Johnson's programs for the "Great Society" and "War on Poverty" inspired the concept of teamwork in primary health care. During this time, health professions students became disenfranchised with the traditional medical and nursing educational models and care and desired interdisciplinary primary care projects during their summer vacations. Subsequently, a turning point occurred in the late 60s and early 70s for interdisciplinary teams throughout the country.

Over three decades later, formal education among health professions students is being introduced to remedy some of the ills of the U.S. healthcare system. Today, interprofessional teamwork and collaborative efforts are being taught in graduate health professions institutions via low fidelity, e.g. interprofessional (IPE) didactic sessions, and high fidelity simulation experiences. However, health professions students in the U.S. have limited opportunities for interprofessional collaborative practice (IPCP) experiences based on geographic locations, e.g. rural vs. urban, hospital and clinic cultures of care, and the experiences and training of healthcare providers.

Rosalind Franklin University of Medicine and Science (RFUMS), an interprofessional mission driven health professions institution, began exploring innovative approaches and developing interprofessional clinical rotation models to augment students’ interprofessional education with clinical experiences during required clinical rotations. In addition, clinical preceptors are being considered in the training of these models in unconventional supervisory and preceptor roles with a variety of student disciplines. The three models, Traditional, Transitional, and Progressive, were conceived to be implemented for a variety of clinical rotation experiences. The models are being tested in the Simulation and Skills Lab to determine how they can best be implemented in a clinical environment to increase awareness of interprofessional teamwork and discipline specific roles, promote interprofessional communication and team-based decisions strategies, and further integrate concepts of cooperation, collaboration, and mutual respect into patient care delivery.

This session proposes to be a panel of interprofessional leaders of IPE and IPCP, architects of the interprofessional clinical rotation models, and simulation specialists from RFUMS. The panelists will present their approach to establishing relationships with leaders and healthcare providers of a metropolitan healthcare system to become an interprofessional clinical rotation site (15 minutes) followed by the descriptions of each clinical rotation model (15 minutes). The methodology will be
presented from how the simulation encounters were designed to include at least three health professions students and one to three healthcare providers depending on the model being implemented. (15 minutes) Data and outcomes will be provided to support the different models in addition to challenges and limitations experienced during the encounters. (15 minutes) The final 30 minutes will allow time for a moderated Q & A session between the audience and panelists to consider alternative approaches to clinical rotation models, to explore participants’ experiences with interprofessional clinical rotations, to deliberate the training opportunities for clinical educators (preceptors) of the interprofessional teams and other IPCP approaches being utilized.

Presenters
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Rosalind Franklin University of Medicine and Science  
Nancy Parsley  
Rosalind Franklin University of Medicine and Science  
Sandra Larson  
Rosalind Franklin University of Medicine and Science  
Jim Carlson  
Rosalind Franklin University of Medicine and Science  
Wendy Rheault  
Rosalind Franklin University of Medicine and Science

Authors
Abstract Name: From Curriculum to Application: Building Assessment Tools to evaluate Interprofessional Practice in a Simulation-Based Course

Category
Interactive Poster

Theme
Education

Presentation Description
Background: As the skills application component of a longitudinal interprofessional curriculum, Clinical Transformations (CT) on the Anschutz Medical Campus acts as a bridge for learners from classroom conceptual learning to real-life applications in clinical settings. Interprofessional teams engage in deliberative practice during CT, an applied experience where learners demonstrate skillsets of teamwork and collaboration, values and ethics, and quality and safety in a diverse series of cases.

Methodology: Pilot data captured teams’ application of key principles of TeamSTEPPS. While results showed a gain in content knowledge and increase in the application of TeamSTEPPS domains in simulated scenarios, post-assessment and observational checklist results were positively skewed. Observation tools were not concretely mapped to program objectives either. As a result, the pre and post assessment tools did not correlate to provide meaningful data.

To address these issues, all assessment tools were benchmarked with instruments used at local and regional institutions and mapped to program objectives. Current tools include an individual conceptual quiz pre-entry to CT, real time observational checklists; immediate individual and team evaluations of performance post-CT experience; and individual evaluation of application of teamwork concepts.

Results: Qualitative data demonstrate improved outcomes in learner’s ability to reflect on team performance, as well as expanded opportunity in peer-teaching and peer-learning through a learner-centered debrief process. An aggregate of quantitative data is currently undergoing analysis.

Conclusion: Constructing multifaceted assessment tools that triangulate data from team members, simulated patients, standardized family members, confederate health practitioners, evaluation observers and coach-facilitators enables a robust evaluation of individual and interprofessional team performance for learners as they transition into interprofessional clinical practice.

Presenters
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Authors
Abstract Name: Working together to Support teens with chronic pain to obtain High School Credits: Chronic Pain 35 in Alberta

Category
Interactive Poster

Theme
Practice

Presentation Description
Chronic pain is a significant problem in the pediatric population. Chronic pain is defined as any prolonged pain that lasts longer than the expected healing time or any recurrent pain that occurs at least three times during a three-month period [1,2].

It is estimated that between 5%–8% of children with chronic pain will develop significant pain-related disability [2]. This pain-related disability is known to affect children’s functioning including their ability to attend school on a regular basis. In the Pediatric Pain Program at the Stollery Children’s Hospital (Edmonton, AB, Canada), our records suggest that a majority of individuals presenting with chronic pain miss at least one half to two days per week on average, and approximately 15%–20% of adolescents are either no longer attending school on a regular basis or have stopped attending in person and complete their studies in a correspondence program. (3)

Evidence has shown that Cognitive Behavioral Therapy (CBT) is one of the most effective treatments for adolescents with chronic pain. Our Stollery Program offers group based CBT program consisting of 11 sessions aimed at increasing their knowledge of chronic pain, learning helpful strategies such as relaxation, pacing, goal setting, thought challenging, mindfulness, communication, nutrition, and sleep. Adolescents who attend our Cognitive Behavioural Therapy -based pain management program (Pain 101) struggle to attend the program and complete high school credits. We developed strategies to engage adolescents in the CBT process, enhance pain coping and their learning by encouraging creativity and supporting their negotiation with teachers to obtain high school credits for completing the program and a project.

We collaborated with Alberta Education in the development of Chronic Pain 35. Adolescents attending Pain 101 are eligible to register for Chronic Pain 35 through Alberta Distance Learning Program to receive 3 Grade 12 credits upon successful completion of the course. Adolescents who choose this option are invited to demonstrate their scientific knowledge related to pain, understanding and engagement in empirically validated treatment strategies and complete a project which demonstrates enhanced knowledge of at least one concept. In February 2015, Chronic Pain 35 received approval from Alberta Education. To date 40 teens have successfully completed the course and received the 3 credits. These adolescents have engaged in this process by maintaining regular attendance at Pain 101, participating actively in Pain 101 discussions, and demonstrating knowledge through their individualized school projects. I will present samples of several outstanding projects including poems, visual representations of art, and teaching brochures.

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